VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2392		CERTIFICA	ATE	OF DE	EATH	1		02:	368	
1. PLACE OF DEATH				2.	USUAL R	ESIDEN	CE (Where de	ceesed lived,	If institution: Re	sidence before e	dmissio
a. COUNTY Wa	shington		MARYLAN	JD	e. STATE	Peni	nsy] var	nia b. co	UNIY Fra	nklin	V
b. CITY OR TOWN (if write RURAL and	outside corporate limit	s, c.	LENGTH OF STAY IN	1 1b	c. CITY OR	NWOT	If outside corp	orete limits, w	rite RURAL end	give neerest town	n)
Hagerstow						Ru	ral Fay	rettevi	lle		
d. NAME OF HOSPITA	AL OR INSTITUTION (i	f not in hospitel,	give street address)		d. STREET	ADDRESS		3	-		SIDENC
Washington	County He	spital			R.F	.D. #	#2		15 X		NO D
3. NAME OF DECEASED	First		Middle		Last		4. DATE	Мо	nth	Dey Yeer	
(Type or print)	RAYMOND	FI	RANK		ANGLE		DEATH	Febru	ary	19 196	51
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7 8. DA	ATE OF BIRTH	Н	9.	. AGE (In yee	rs IF UNDER 1 Y		
Male	White	WIDOWED	DIVORCED	Oct	ober 1	3, 1	895	65 yrs.	711011111	eys Hours	Min.
10a. USUAL OCCUPATION done during most of work	ON (Give kind of work	10b. KIND (OF BUSINESS OR IND	USTRY 1			ity & State, or	-	y) 12. CITIZ	ZEN OF WHAT C	OUNTR
lotel Operat		own l	business	134	Frank	clin (County,	Pa		U.S.A.	
13. FATHER'S NAME				14.	MOTHER'S	MAIDEN	NAME				
Benjamin	Franklin	n Angle	9	-19 89	Luc	v Co	orbett				
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. SOC		17. INF	DRMANT			Addr	955		
Yes, no, or unkown) (If)	yes give wer or dates of se	780	-26-7016	Mrs.	Elva	Angl	e Fa	vettev	ille, P	a.	
	ATH [Enter only one			111.08	2,1,0			.,		I INTERVAL BET	WFFN
	WAS CAUSED BY:	TO			Circ	On i	mal	Pail	11 0	ONSET AND D	
Le - ~ "	MMEDIATE CAUSE (a)	resp	siratory	7	Curt	mur	o Ly	pari	NYC		
1752	DUE TO	01	, (),		1 /		()			1 1 111	W
Conditions, if eny,	1-/-	Du,	barach	nol	ca h	em	077 6	iage		100	-
gave rise to immedia (a), stating the un-	DIJE TO				Λ	1	1	0.	15	Ja	
cause last.	derlying (c)	Ruptu	ired ans	eury.	Sm of	ante	YIOY CO	mmum	eatinga	or Nesy	
PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIB	UTING TO DEATH BU	IT NOT RE	LATED TO T	HE TERMIN	NAL DISEASE	CONDITION	GIVEN IN CART	PERFO	UTOPS RMED?
2Da. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY)		2Db. DESCRIBI	E HOW INJURY OCC	URED. (En	ter neture of	injury in	Pert I or Part II	l of item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
20c. TIME OF INJUR	Y Month, Day, Yee	er 20d. INJU	RY OCCURRED 2De		OF INJURY (I			y or town)	(Coun	ity) ((Stete)
Hour a.m.		While at work	Not While at work	fectory,	street, office	bldg., etc.	.)				
- print	19		d bound !	1.0	boulas	2/13	1061	Februar	11 19 10 (61 1 1 10 1	
	at (I) (this hospit										
	ed alive onFeb	YUUIY	19. <i>D.J</i> , and	that de	ath occur	eH at.J.	1.5.M, from	n the causé	s and on th		
22e. SIGNATURE	1. F. M	Zidn	elah	M.D.	ATTENDIN		MED.	STAFF PHYS.]	2/2/1	SIGN
22c. PHYSICIAN'S NAME (Type)	A. F. A.	balulla	ah, M.	D.	22d. ADD		Potom	iae, t	lagerst	own N	101
23a. BURIAL, CREMATIC	N 1225 DATE THE	EOE 122	c. NAME OF CEMET	ERV OP	CREMATORY	/	1234 100	ATION ICIN	town or county	151	ate)
REMOVAL (Specify)	23b. DATE THER	2 0									
Burial	2/22/19		incoln Cer	neter	У			mbersbu		Pa.	•
Suter - Rou	s signature izer Fune ra	1 Home	ADDRESS	363					REGISTRAR'S S	1.4	
K. Finklin	Penser	21110	Hagerstown	1, Md		DATE	B 2 8 '61	(irihun S. 7	traced	

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PHYSICIAN: The low requires that the death certificate be exec

TO HOSPITAL OR ATTEND

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2393

-		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	1.	WASHING-TON MARYLAND	O. STATE WASHINGTON
	t	c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
1		RURAL and give nearest town)	X KEEDYSVILLE - RURAL
A	(d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
V		CARLOCK NURSING HOME	1 KEEDUSVILLE MD. R. L. VES NO DE
		NAME OF First Middle	Last 4. DATE Manth Day Year
		Type or print) CARIF	AVEV DEATH FEBRUARY, 18, 1961
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	4	ENIALE WHITE WIDOWED DIVORCED	MAY 15 - 1903 ST 7 yrs. Manths Days Haurs Min.
	10a	. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR IND during mast af warking life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		HOUSE WIFE OWN HOME	EDGEMONT WASH, CO. M.D. U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		EDGAR B. FORREST	ADA NI SHEPLEY
4		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
		NO	RED T. AVEY SR. KEEDYSVILLE MO.R.
		18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINACI	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		7 S DUE TO	
		Canditians, if any, which) (b) OUDVIDU	Carcinoma /y
	Ä	gave rise to immediate cause (a), stating the under-	
		lying cause last.	
	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	Diabetics	YES NO.
	RTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) factory, street, affice bldg., etc.)
	MEC	Hour a.m. P. m. 19 While Nat while at wark at wark	
Н		21. I certify that (I) (this haspital) attended the deceased from	Hugi 1958 to Feb18 1961, that (1) (we) last
		saw the deceased alive an 1 eb 12 19 61, and that	death accurred at 732M, from the causes and an the date stated above.
	a	220 SIGNATURE	ZZD.DATE
		100 Joyhu	M.D. PHYS. DIRECTOR PHYS. D
	Ŋ,	22c. PHYSICIAN'S NAME (Type) A F B A	22d. ADDRESS
		1 Li day May	Williams port ma
8	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
		SURIAL FEB-21-1961 ROHRERSVII	LE CEMETIERY KOHRERSYILLE WASH, CO.MD.
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1		John 11, 10001 120045130180	M.D. DATE FEB 23 '61 Orthun S. Krassa

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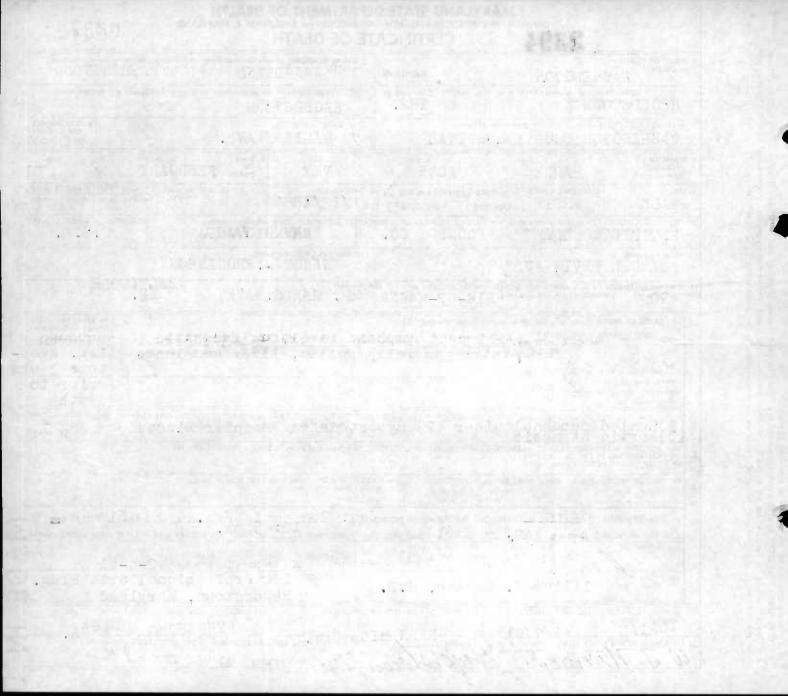
3 wks

2334 CERTIFICA	THE OF DEATH	. ()
1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a c. STATE MARYLAND b. COUNTY WASHINGTO	
b. CITY OR TOWN (If autside carporate limits, write RURAL EASTOWN) C. LENGTH OF STAY IN 16 50 YRS.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest HAGERSTOWN	tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) WESHINGTON COUNTY HOSPITAL	NO MADISON AVE	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print) HARRY JACOB	AVEY 4. DATE OF TEBRUARY Day	Year 19 61
S. SEX MALE 6. COLOR OR RACE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 1/13/1886 9. AGE (In years IF UNDER 1 YEAR IF I last birth ax) Months Days He	UNDER 24 HRS aurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of more included by the control of the	PENNSYLVANIA 11. BIRTHPLACE (State or foreign country) PENNSYLVANIA U. S	
13. FATHER'S NAME SAMUEL ERVIN AVEY	NANCY J. ROBINSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (If yes, give war or dates of service) 214-09-244 PA	MR. MAX S. AVEY MD.	
Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. Column 1	y spleen, liver and lungs lst tom pri dea	or to
p. m. 19 at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram	Jan. 28 1961 to Feb. 4 1961, that	(I) (we) las
saw the deceased glive an Feb. 4 1951, and that a 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) William T. Layman, M.D.	M.D. PHYS. MED. PHYS. 2-6-61 22d. ADDRESS 100 Professional Arts Hagerstown, Maryland	22b. DATE SIGNED
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CORENTS OF THE PROPERTY OF T	OR CREMATORY 23d. LOCATION (City, town, or county) WAYNESBORO PENN	(State)
24. FUNERAL DIRECTOR'S SIGNATURE HADDRESS	DATE PER 8 161 CALLAR S. KNOWN	

er death. Page 4 may be retained by the how fital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any event, with jr72 have, after death. HYSICIAN: The law requires that the death certificate be ext TO HOSPITAL OR ATTEND VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Washington ashington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Hagerstown R shauld Days Hagerstown e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION hear Leitersburg YES NO ash County wospital pup .= NAME OF DECEASED First Middle 4. DATE Month Day Yeor filled DEATH Pages (Type or print) ALLEN BARKDOLL Febv 22 1961 19 death IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. SEX lost birthdoy) Months ofter Hours DIVORCED WIDOWED Male 12. CITIZEN OF WHAT COUNTRY? 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) USA Hagerstown Wash Co Md. Infant None and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Grover C Barkdol Margaretta Lindberg 15. WAS DECEASED EVER IN 16. SOCIAL SECURITY NO. 17. INFORMANT Address Grover C. Barkdoll Hagerstown attending No None INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] near Leitersburg ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work p. m. 1961, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from__ , and that deoth occurred at 11:5M, from the couses and on the date stated above. 196 sow the deceased olive on TO FUNERAL DIRECTOR:
page 3 shauld be detact
the State Board of Health 220. SIGNATURE ATTENDING PHYS. DIRECTOR | PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, (Stote) REMOVAL (Specify) Rest Cenetery Hagerstown Wash

ADDRESS

Coffman Hagerstown Md.

25b. REGISTRAR'S SIGNATURE

Orthun S. Kraus

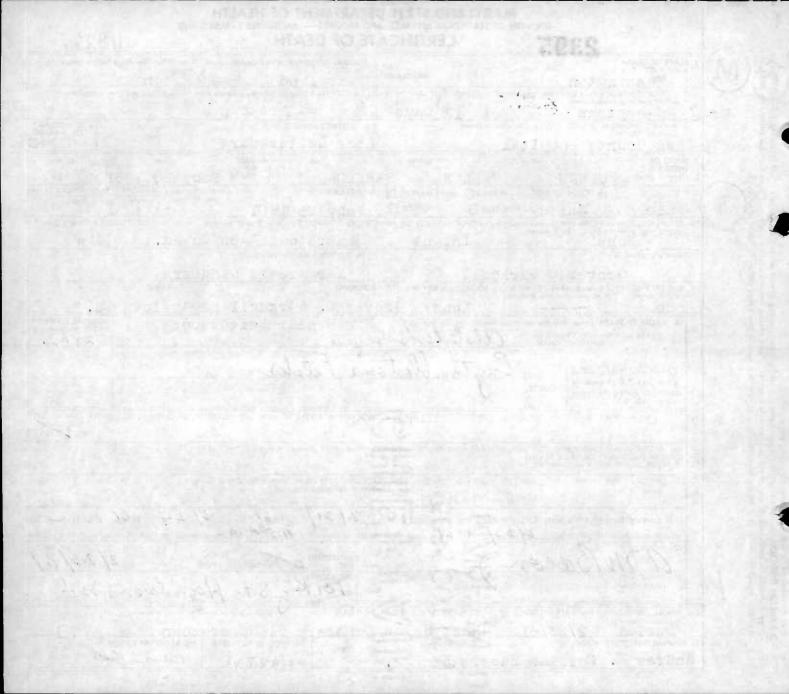
250. REC'D BY REGISTRAR

VR A1S (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

1-38

Andrew K.



	DIAISION	OF STATISTICAL RESEARCH AND RECO	DKD3 - DALII
2	396	CERTIFICATE O	F DEATH
-			

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Let 41				
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where on STATE Maryland	deceased lived. If institutio b. COUNTY	Washington
b. CITY OR TOWN (If autside carporate limit RURAL and give neorest town) Hagerstown	s, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside Hagerst		JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, given institution washington Count	y Hospital	d. STREET ADDRESS 3 505 W. Fr	anklin St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Bessie	Margaret	De sa element	DATE Mont	uary 25 Year 1961
Female 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. date of Birth March 9, 1904	9. AGE (In years lost birthdoy) 56 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) House Wife	Own Home	York Count	y, Penn.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		Martha M		
Jacob H. Spah IS. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.1	NFORMANT	Addr	ess
(Yes, na, or unknown) (If yes, give war or dates of se		arren L. Baug	hman Hager	stown, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying cause lost. (c)		uliusuai j		20 Aug -
	ellitus contributing to Death Bu ellitus - gai 20b. DESCRIBE HOW INJURY OCCURRI	igune left	great tal	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE FIGURE INSURFICE OCCURRENT	es. (Ellist horote of injery in very		
20c. TIME OF INJURY Manth, Doy, Yea Haur a. m. p. m.	20d. INJURY OCCURRED While Not while of work at work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	Of. (City or town)	(County) (State
21. I certify that (1) (this haspital saw the deceased alive an 2/	attended the deceased fram.	000		d an the date stated above
Edward in S	iffo II		TOR STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Edward W.	Ditto III M.D.	22d. ADDRESS 217 W. Was	hington St	reet
230. BURIAL, CREMATION, REMOVAL (Specify) 3-1-61		DR CREMATORY 1e Cemetery	Montours	
24. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich &	ADDRESS Son Hagersto	wn, Md DATE MAR		STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDATE PHYSICIAN: The low requires that the death certificate be exerted within 24 have received a within 24 have received by the how rital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in ony event, within 72 hours after death. VR A1S (4) 1SM 9/S9

er death. Page 4

TO THE STATE OF . The state of the e strong to the state of ATTION TO THE PROPERTY OF THE PARTY OF THE P THE PERSON NAMED IN COLUMN TWO all transmission of the administration of the property of the to the same of the first state of the same of the same

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 23 JUNE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY B. COUNTY D. COUN
	RURAL and give nearest forms — RURAL — Hagers forms
9	d. NAME OF HOSPITAL (IT not in hospital, give treet address) HOURS TOWN PO 6 C. IS RESIDENCE ON A FARM YES NO.
	3. NAME OF DECEASED (Type or print) EDITH First VIRGINIA BESECKER DEATH TED. 28 1961
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED 7/5/1899 9. AGE (In years lost birthday) WIDOWED DIVORCED Min. 15 UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	100. USUAN OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) during most of working life even if Ketiral Home Mason - Duxon, Pa. 12. CITIZEN OF WHAT COUNTRY?
	Harmon L. Shuck, Mary Margaret Burket
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (15 year, give war or date afrenzice) 16. SOCIAL SECURITY NO. 17 INFORMANT Edward 9. Besecker Hagerstown, Mu
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANEMIA APLASTIC INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	Candifians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO ATITHATITS THEVMATURAT F WAT CC CC CC CC CC DUE TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTION CONTRIBUTIO
	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19 19 19 19 19 19 19 19
	21. I certify that (I) (this haspital) attended the deceased from 2 1961, to 2 24, that (I) (we) last saw the deceased alive on 2 27 1961, and that death accurred atM, from the causes and on the date stated abave.
	220. SIGNATURE ATTENDING MED. PHYS. DIRECTOR PHYS. 220. DATE SIGNED 220. ADDRESS 221. ADDRESS
	NAME (Type) TO EN SITION Sequestion my
	23a. BURA, CREMATION, 23b. DATE THIREOF 23a. NAME OF CENTERY OR CREMATORY 23d. LOCATION (City, town, or county)
	21. FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'
	P_{q}

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TIMORE 1, MARYLAND

	DIVISION	OF	STATISTICAL	RESEA	RCH	AND	RECOR	DS -	- BALI
23	98		CE	RTIF	IC	ATE	OF	DE	ATH

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	17	60	3	4	63.
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		2000					<u> </u>						1600	3.
	PLACE OF DEATH						USUAL RESIDEN	ICE (Whe	ere decease		COLLEGE	Residence	before odmiss	ion)
	WASHING	TON			MARYLAND		· MARYL	AND	1	b. v	W LINGS	ASHI	NGTON	
- 1	CITY OR TOWN (III	outside corporate limi	ts, write	c. LENGTH	OF STAY IN 16		c. CITY OR TOV	VN (If ou	itside corpo	orate limits	s, write RURA	L ond giv	e nearest town)
	HAGERSTO	NN MD.		1 D	AY	X	CLEAR	SPR	ING.	MD.	ROUT	El		
	NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)	1631		d. STREET ADD	RESS					e. IS RES	DENCE
	WASHING	TON CO. H	OSPI	TAL		1	NONE						YES P	FARM?
	NAME OF DECEASED	Fir	st		Middle		Last		4. DATE OF		Month		Day	feor
	Type or print)	ELEANOR		MILDI	RED I	BLO	YER		DEATH	FE	BRUAR	Y 1	.0 1	1961
S. S	EX	6. COLOR OR RACE	7. MARR	NEV	ER MARRIED	B. D.	ATE OF BIRTH			9. AGE			YEAR IF UNDE	
F.	MALE	WHTTE	WIDOWE	ED 🔲	DIVORCED [JA	N. 29.	1896	5	65	yrs.	onths D	oys Hours	Min.
	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BU	ISINESS OR INC	USTRY	11. BIRTHPLAC			ountry)		12. CITIZE	N OF WHAT C	OUNTRY?
	HOUSE WI	ing life, even if retired		HOME I	DUTIES		WASH.	CO	MD			II C	. A	
13.	FATHER'S NAME	h deed	1	TOTAL T	JOILEO	14	. MOTHER'S MA			•		0.0	0.23.0	
		7137175701.73	7				BERT	на о	OIT A BIL	r				
10	WAS DECEASED EVE	UNKNOWI R IN U. S. ARMED FOR	CES2 14	SOCIAL SEC	LIBITY NO. 17	INFOR		IIA (SHAN	V	Address			_
	, no, or unknown	If yes, give war ar dates of s	ervice)		DKITT NO. 17.	D		DIC	YER	C	LSPG.	MD.	ROUT	F 1
	NO		1	ONE		11	LCHARD	DLC) I LIL	U.	LOIG.	PID .	11001	و لما تند
ICATION	she	the under- DUE TO	DITIONS C	Mi	tie							IN PART 1	PERFO	AUTOPSY RMED? NO P
AL CERTIFI	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)			INJURY OCCUR									
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Ye	ar 20d. It While of wor	NJURY OCCL	nile	PLACE foctory,	OF INJURY (Hor , street, affice bl	ne, form, dg., etc.)	20f. (Cit	y or town)		(Co	unty)	(Stote)
	21. I certify that saw the decease	t (I) (this haspita		-	eceased fram									
	22c. / YSICIAN'S HAME (Type)	c. Ha	fb.	~		M.D.	ATTENDING	ME	- 1	STAFF PHYS.				SIGNED
230	BURIAL, CREMATION BEMOVAL (Specify)	FEB. 13) 19	61 ST			EMETER	Y	WASI	HING		0.	(Stat	e)
84.	UNERAY DIRECTOR	SIGNATURE		ADDRE	SPRIN	C	2 077		BY REGIS		25b. REGISTRA	AR'S SIGN		

TO FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and deapletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. er death. Page 4 within 24 hav PHYSICIAN: The law requires that the death certificate be ex TO HOSPITAL OR ATTEND

VR A15 (4) 1SM 9/S9

		9
over death. Page 4	n by the funeral director,	(
TO HOSPITAL A ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 have be death. Page 4	may be retained by the h. And or attending physician. TO FUNERAL DIRECTOR: Attential certificate has been signed by the attending physician and peopletely filled in by the funeral director. Date 3 should be detached for use as the burial-transit bermit. Then please remove carbon papers. Paper 1 and 2 should be filled with	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
		46

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2393 CERTIFICATE OF DEATH

Reg. Dist. No. 12375

1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (V		ortion: Residence before admission) Franklin
b. CITY OR TOWN RURAL ond give I Hagers		c. LENGTH OF STAY IN 16		f outside corporate limits, write	RURAL and give nearest lawn)
OR INSTITUTION	ITAL (If not in hospitol, give street ton County Hospi		d. STREET ADDRESS 2 East	Third Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle LANNING	BOWLBY	4. DATE MOF DEATH FE	onth Day Yeor b. 15 1961
5. SEX Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DED DIVORCED	B. DATE OF BIRTH Jan. 22, 18	9. AGE (In year last birthday)	Months Days Hours Min.
during most of wo Piano bu	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR IND		urnace, N.J.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Levi	Hazelett Bowlby	7	Mahala	Lanning	
1S. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? 16.		informant fiss Ethel D.		ddress Wash. 8, D.C. 1 Conn. Ave., N.W.
CAT	immediate 3 the under (c) - (c) THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TER		SIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
G (IF EITHER, NOTIFY	G CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	n Part I or Part II af item 18.)	
20c. TIME OF INJU Hour o. m. p. m.		_ Nat while _	PLACE OF INJURY (Home, for actary, street, office bldg., e	erm, 20f. (City or town)	(Caunty) (State)
21. I certify to alive and actual signature Physician's NAME (Type) 220. BURIAL, CRAMATIC REMOVAL (Specify DUT13)			M.D. 28 CL Will		2-17-60 T MA . or county) (Stote)
23. FUNERA DIRECTOR	0- 61-	ADDRESS		C'D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATURE

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	9400		CERTIF	ICATE	OF DEATH	1	MARIENIE		1	123	176
1. PLACE OF DEATH G. COUNTY Washir	ngton		MARY		USUAL RESIDENCE (WO. STATE Marylan		d lived. If institution b. COUNTY	wash			
RURAL and give	(If outside corporate limit nearest town) Stown, Md	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF		rote limits, write R	URAL ond gi			
d. NAME OF HOS	PITAL (If not in hospital,	give street	1	/	d. STREET ADDRESS	THOU THE	ar yrand	•	e.	IS RESID	DENCE
Washing t	on County	Hos	pital		RT #2, Boo	ONSBORO	, Mo.			ON A F	
3. NAME OF DECEASED (Type or print)	Lawrence	rst 1	Middle William	Bı	ciscoe	4. DATE OF DEATH	Te b	th	Day 20		9 61
s. sex	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE		2-9-1893		9. AGE (In years last birthday) 68 yrs.	Months	-	UNDER Hours	Min.
100. USUAL OCCUPA	TION (Give kind of work rorking life, even if retired)	KIND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (Stot	e or foreign co	ountry)	12. CITIZ	EN OF W	'HAT CO	UNTRY?
13. FATHER'S NAME		0	ewell A Pr		4. MOTHER'S MAIDEN	-	Ma	00	7.23. 4		
George	Briscoe			3.47	Isabella	Morg	gan				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
no		2	15-20-915	1 M	rs. Juani	ta Br	iscoe R	T #2 E	BOONE	BORG	o, M
	DEATH [Enter only one or DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Tony, which))	nende	rem	rleron	•				AND D	
gave rise to cause (o), statin lying cause los	immediate DUE TO	,	rterior	lent	in her	ut	dise	Mal	1	jes	1
To Hy	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TER!	MINAL DISEASI	E CONDITION GIV	EN IN PART	.,,	WAS AL PERFOR/ ES	
	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (I	Enter nature af injury in	n Port 1 or Pari	t II af item 1B.)				
ZOc. TIME OF INJ Haur o. n p. n	10	While	NJURY OCCURRED Nat while t of work		OF INJURY (Home, far , street, office bldg., e		ar tawn)	(C	ounty)		(Stote)
	hat (I) (this juospija)										
22a. SIONATURE	land 7	FEB	Renford	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	d an the	dote s		DATE IGNED
22 PHYSICIAN NAME (Type	RICHARD T.	BINE	ORD. M. D.		22d. ADDRESS	MAC AV	E. HAGER	STOWN.	Mo.		
23a. BURIAL, CREMAT	TION, 23b. DATE THEREC		23c. NAME OF CEME	TERY OR C			TION (City, town,			(State)	
Burial	2-25-19	61	Rose Hil	1 Cer	metery			Mary		d	
24. FUNERAL DIRECTO	Watson 9	1 H	ADDRESS appenstour	n gr		EB 2 4 '		STRAR'S SIG			
						-					

inny net Mt. Lens Maryland. Dig majoresill Jack and downly Hospital Time to Managers. Man dell and process restricted 2.9 1.995 Mana lou wink the spinot really erose verseal . Tat Manual Milesiel Did Stranger Line Stand on Prince of a Booksen Line Mume 2 lucular rendersalion Par2.1 arison to their tresses you month tops 20. 33.002 | AV | 160 | 30.00 | 3.00 Santywell , under the Town Town Live . Dept. To 91-70-8 The first of the state of the s

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2401

1. PLACE OF DEATH		Loca	MARYL		a. STATE	NCE (Wh	ere decease	d lived. If institut b. COUNTY		ce befare	admissian)
	ington		_			ary					gton
RURAL and give n		its, write	c. LENGTH OF STAY	NIB	13		utside carpo	rote limits, write f	RURAL and g	live neare	ist town)
d. NAME OF HOSPI	TAL (If not in hospital,	give street			d. STREET AD		71 5 0 0			e.	IS RESIDENCE
OR INSTITUTION	e 913 1	Kenwo	od Drive		913	Kar	17.70.00	Day 4 mg a		- 1	ON A FARM
3. NAME OF		rst	Middle			Wei	4. DATE	Drive	. 11		
DECEASED (Type ar print)	Frederic		Musey	Ca	last		OF DEATH	Februa		Day	Yeor 19 6
s. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH			9. AGE (In years last birthdoy)			F UNDER 24 H
Male	White	WIDOWE	DIVORCED		pril 2	4, 1	1890	70 yrs.	Manths	Days	Haurs Min
00. USUAL OCCUPATION	ON (Give kind af wark	dane 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLAC	CE (Stote	ar foreign c	ountry)	12. CITI	ZENOFV	VHAT COUNT
	king life, even if retired eman	1)	Organ		Ha	gers	stown	. md.			
3. FATHER'S NAME	Cilida		01 8 411		14. MOTHER'S N	0		,			
	ante Cambri							off			
IS. WAS DECEASED EVE	ery Carty	_	SOCIAL SECURITY NO	17. INFO		rce	Dayh	Ado	lease.		
(Yes, no. ar unknown)	(If yes, give war or dates of	service)		1		0					M .
			4-09-0401	Mrs	s. Icla	0.	Cart	y Hage	rsto	wn,	Md.
	TH WAS CAUSED BY:	13.9	ne for (a) (b), and (c).		Ti	1/2	w 10	11-1-0	0		VAL BETWEEN
1	IMMEDIATE CAUSE (1000	00000 10-	u	vice r	The same	-, /0			1	ye
147	O DUE TO	a	2 11 2/1	1	164.	-	1			0	
Conditions, if a		0)	nuchung	in	arte	w,	100	cros	>		
couse (o), stoting		A.	. 1	4	h 7	-	21.			100	
lying couse lost.) (c) (C	rivial	a	Mora	(-ca	wes			
PART II. OTI	HER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO T	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19.	WAS AUTOP
PART II. OTI											YES NO
200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature of	injury in f	Part 1 ar Par	t II af item 1B.)			
	RY Manth, Doy, Ye	ar 20d IN	NJURY OCCURRED	20e. PLAC	E OF INJURY (Ho	ame. farm	. 20f. (City	or town)	10	Caunty)	(Sto
20c. TIME OF INJUI	19	While	Nat while	focta	ry, street, office b	bldg., etc.)		,	,,	10.0
p. m.	I Y	at war	k at wark				-				
21. I certify the	ot (I) (this hospita	I) attend	led the deceosed t	from.	will	12.	58 ta_	400 27	19.	e.f. tha	t (1) (we)-lo
sow the decea	sed alive an	12	2 19 6 and	that dec	ath accurred	ot QA	M, from	the causes or	nd on the	date :	stated abov
22a. SIGNATURE	5					-	_				22b. DATE
Du	iney no	ner	den	M.	D. PHYS.	ME DI	ED.	STAFF PHYS.		2-	17 - SIGN
22c. PHYSICIAN'S NAME (Type)	SIBNE	41	NO VENS	TEIR	22d. ADDRES		un	estou	~ 7	rd	
230. BURIAL, CREMATIC	ON, 23b. DATE THERE	o f	23c. NAME OF CEME	TERY OR	CREMATORY		23d. LOCA	TION (City, town,	ar caunty)		(Stote)
REMOVAL (Specify Burial	2=25-6				Cemeter	v		gerstor		d.	(3.3.5)
24. FUNERAL DIRECTOR		- uilla	ADDRESS	ustrate (0	ISTRAR'S SIG		
Scott F					44	DATE	EBY ZECIS	61 230. 18	Lilling &	. That	A

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When. a. Horst

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

24116				1611
1. PLACE OF DEATH a. COUNTY			Where deceased livad, If institu	lion: Residanca batora admission
Washington	MARYLAND	a. STATE Maryl	and b. COUNTY	Washington
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	CACITY OR TOWN (If our	sida corporata limits, write RUR.	AL and giva naerast town)
Hager town	Lite	Hager	stown	
d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS		e. IS RESIDENC
Washington County			litchell Ave.	YES NO
3. NAME OF First DECEASED	Middle	Last 4.	DATE Month	Day Yaar
(Typa or print) George	Japob	Cline Sr.	DEATH Feb.	3 19 61
5. SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED 8	DATE OF BIRTH	4 . 4 . 4 . 4	IDER 1 YEAR IF UNDER 24 HRS.
Male White will	DOWED DIVORCED	April 23, 189	6 64 yrs. Mon	ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	State, or foraign country) 1:	2. CITIZEN OF WHAT COUNTRY
Machinist	Aircraft	Mashinaton	County Md	IISA
13. FATHER'S NAME	mowajo	Washington 14. MOTHER'S MAIDEN NAM	AE	١ الهم
John. W. Cline		Not. I	Known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Addrass	
(Yes, no, or unkown) (If yes giva war or dates of service	217-10-2627 Geo	9 Clino 94 22	07 Gay St. Hage	ratown Md
18. CAUSE OF DEATH [Enter only one cause		· J. Course y 6.22	July Dr. Nuge	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	alcun	na 4.	Cocan	OAST APPEATE
IMMEDIATE CAUSE (a)	co C	Y		(4)
DUE TO				
Conditions, if any, which (b)				
(a), stating the underlying DUE TO				
cause fast.		4		
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELA TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PEREORMED?
i V	o ofte	cum		YES NO
PART II. OTHER SIGNIFICANT CONDITION 20e. ACCIDENT WAS UNDERLYING 20c. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part	or Part II of itam 18.)	45
	· ·			
3 20c. TIME OF INJURY Month, Day, Year			20f. (City or town)	(County) (Stata)
20c. TIME OF INJURY Month, Day, Yaar Hour e.m.	While Not While fact	ory, straet, offica bldg., etc.)	~ -	The second second
		Ch 20 1	2 -1 -00 .7	10 6 July (I) (m) I
	lattended the deceased from	, 130		, 17 Inar (1) (11) (12) la
saw the deceased alive on	19 and that	death occured at	M, from the causes and	on the date stated abov
22a. SIGNATURE	eachle "	ATTENDING MED.	STAFF PHYS.	2/4/6 DATE
22c. PHYSICIAN'S THERE	achlehi	22d. ADDE 53	gusm	, MV
230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	3d LOCATION (City, town or	county) (Stata)
REMOVAL (Spacify) Burial 2/5/61	Rose Hill	Comotory	decerators	Manulan
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D	BY REGISTRAR 256, REGISTR	AR'S SIGNATURE
10 1 0 1 01		Md		
Rest Haven Funeral Chap	rel Hagerstown	, l'Id. DATE	6 '61 ant	of S. Kinns

haddens 110 200 100000 All Mariotory title Where S ... John THE SECOND SECURITION OF THE SAME medical security and the security of the secur 54 Wield-Oak Group, Chambe, 227 Car ot develong to COLONO A COMMONDO Vine secolon ile of the the former factored diagnet from the factor of the factor A STORY OF THE STORY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		240.	3	CERTIFIC	LAIL	OF DEATH	1			023	63
1.	PLACE OF DEATH O. COUNTY Washingt			MARYLA		USUAL RESIDENCE (WO. STATE	2 781	lived. If instituti		befare admi	issian)
	b. CITY OR TOWN (If a	utside carporate limit	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	autside carpoi	rate limits, write R	URAL and gi	ve nearest tax	wn)
1	Hagersto	wn		7 Yrs		Hagersto	own		O.	3	
	d. NAME OF HOSPITAL		ve street	oddress)		d. STREET ADDRESS				e. IS RE	ESIDENCE A FARM?
		ginia Av	е			719 Vi:	rginis	Ave			NOK
3.	NAME OF DECEASED	Firs	t	Middle	100	Last	4. DATE OF	Mor		Day	Year
	(Type or print)	ILLIAM		HARRY	CL	INE	DEATH	Februa:	ry 26	1961	19
5.	SEX	6. COLOR OR RACE	7. MARE	RIED WEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UNI	
	Male	White	WIDOWI	ED DIVORCED	Ja	nuary 6	1906	55 yrs.	Manins	Days Haurs	s Min.
100	. USUAL OCCUPATION	(Give kind of work d	lone 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stot	e ar fareign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
	during most of workin Painter		A:	irplane Co	rp.	Securit	v Wash	co Md		USA	
13.	FATHER'S NAME				1.	4. MOTHER'S MAIDEN	4				1-07
	John	W. Cline				Rebe	cca S.	Webb			
	WAS DECEASED EVER	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
(Y)	es, no, or unknown) (If	yes, give war or dates of se	21 4	-09-7544 M	rs F	Raoalie C	line 7	719 Vir	ginia	Ave	
		1 Finter only one cou	ise per li	ne for (a), (b), and (c).			2	3	3	INTERVAL	BETWEEN
	PART I. DEATH	WAS CAUSED BY:	1100	- Di	11 W	Hagerst	OMD	EMIA		ONSET AN	D DEATH
	Canditians, if any		D	IGHT V	EN.	TRICULA	4R 1	FAILUR	E	1	1
	gave rise to im- cause (a), stating th lying couse last.		R	Leum AT	10	HEAR	TD	1'SEAS	'E	YEX	725
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER!	MINAL DISEAS	E CONDITION GIV	ven in part	1(a) 19. WAS PERF YES [S AUTOPSY FORMED?
		UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	inter noture af injury in	n Port I ar Part	t II af item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While at war	Nat while		OF INJURY (Hame, fai , street, affice bldg., e		ar town)	(Co	aunty)	(State
	21. I certify that	(1) (this hospital) attend	ded the deceased fr	am. 4	-26-57	9,ta_	1-10	190	(I)	(we) las
	saw the decease	d alive an 2	-2-3	19 0 and th	at deat	h accurred at	M, fram	the causes ar	nd an the	date state	ed abave
	22a. SIGNATURE	1	, 15	John John	M.D	ATTENDING 1	MED.	STAFF PHYS.	Z.	-27	22b. DATE
	22c. PHYSICIAN'S NAME (Type)	U				22d. ADDRESS					Į
23	g. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE THEREO	F	23c. NAME OF CEMETE	-		23d. LOCA	TION (City, tawn,	or county)	(St	rate)
	Burial	3/1/61		Cedar Lawr	1 Ce	metery			ash (io Nd.	
24	. FUNERAL DIRECTOR'S			ADDRESS			C'D BY REGIST		STRAR'S SIG	10	
	Andrew I	Coffns	an H	lagerstown	ld.	DATE	MAR 2	'61 (lithur S.	/ Usalles	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and 45, pletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours offer death.

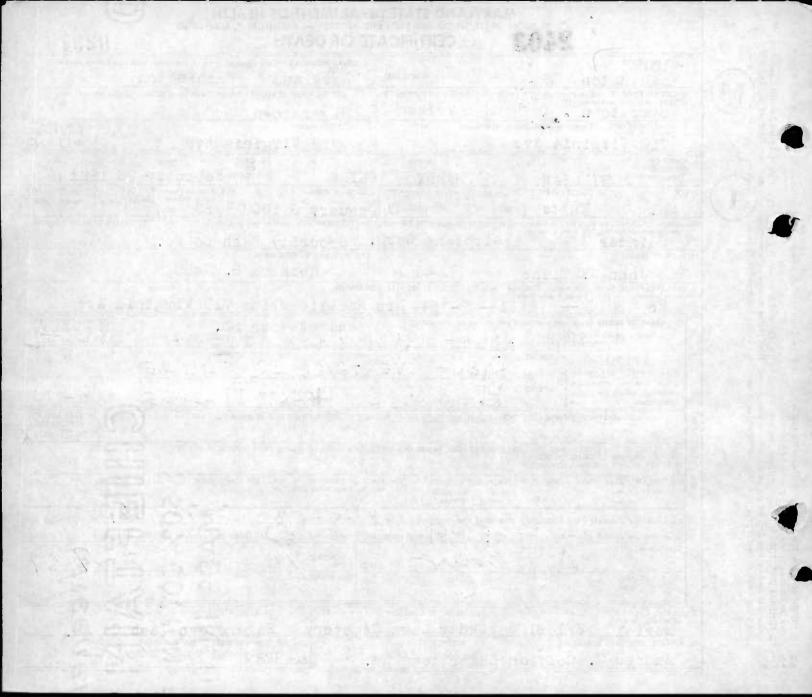
HYSICIAN: The law requires that the death certificate be exe

r death. Page 4

d within 24 hau

VR A15 (4) 15M 9/59

TO HOSPITAL



ter death. Page 4

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2404 CE	RTIFICATE OF L	PEATH		23811
o. COUNTY Washington	MARYLAND 2. USUAL RE o. STATE	SIDENCE (Where deceased liv	red. If institution: Residence b. COUNTY Was	Company of the Party of the Par
RURAL and give nearest tawn)	000-	TOWN (If outside carporote gerstown,	limits, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1714 Virginia Ave.	d. STREET	ADDRESS 14 Virginia	Ave.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Maud Oli	va Coffma	A. DATE OF DEATH	Feb.	25, 19 61
female 6. COLOR OR RACE 7. MARRIED NEVER White WIDOWED X D	MARRIED 8. DATE OF BIF	t 10, 1885		1 YEAR IF UNDER 24 HRS Days Hours Min.
on USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) house keeper private	homes Je	rome, Virgi		ZEN OF WHAT COUNTRY?
Thomas Rinker	14. MOTHER	S MAIDEN NAME E11	zabeth Mil	ler
(s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURATION (fes. no., or unknown) (If yes, give war or dates of service) 205–30		eth Coffman	Address, Hagersto	wn, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying cause last. (c)	ma of breast	with metast	tasis	INTERVAL BETWEEN ONSET AND DEATH 3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	NJURY OCCURRED. (Enter nature	of injury in Part 1 or Port 11 (Home, form, 20f. (City or		ounty) (State
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUR Hour o. m. 19 While Not while at work of work	le foctory, street, off	ice bldg., etc.)		
21. I certify that (I) (this hospital) attended the decision the deceased olive an Feb. 18 19 61 22a. SIGNATURE		ed on the MED. MED. DIRECTOR		thot (I) (we) last dote stoted above 22b. DATE Feb. 25,
NAME (Type) E. W. Ditto, Jr.		W. Washing	gton St. Ha	agerstown,
REMOVAL (Specify)	of CEMETERY OR CREMATORY Paul Luthera		N (City, town, or county) ome, Virgi	(Stote)
A FUNERAL DIRECTOR'S SIGNATURE ADDRES Scott F. Minnich & Son, Ha		25a. REC'D BY REGISTRA		SNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY WASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (If oulside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) HAGERSTOWN YRS. HAGERSTO d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) ON A FARM? OR INSTITUTION COUNTY HOSPITAL RT.#4 HAGERSTOWN WASHINGTON YES NO A DATE Middle Yeor OF DEATH FEBRUARY LEO COLVIN 61 HIRIAM 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days 90 yrs. WIDOWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S.A. RATI, ROAD RETTRED ENGINEER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ROBERT ELIZABETH IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. MRS. ANNA DALEY 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: 1600

	IMMEDIATE	CAUSE (o)	- onony monsour	7
	720.1	DUE TO		1.
Н	Conditions, if any, which	(b)	a there stere sis	Jean
Н	gave rise to immediate couse (a), stating the under-	DUE TO		
	lying couse last.	(c)		
CATION	PART II. OTHER SIGNIFIC	ANT CONDITIO	ns <u>contributing to death</u> but not related to the terminal disease con	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \text{NO}\) NO \(\sum \text{VE}\)
J.	DO. ACCIDENT MAC III IDERIV	NO 17 1201	DESCRIPT HOW BUILDY OCCUPAND IT I A SECOND IS BOOK I AS BOOK II of	tom 101

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur o. m While Not while ot work ot work p. m.

1961, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. M, from the couses and on the date stated above. ond that death occurred of sow the deceased olive on 30

(Stote)

22a. SIGNATURE 22b, DATE ATTENDING PHYS. SIGNED STAFF PHYS. M.D. DIRECTOR T

22d, ADDRESS

NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, tawn, ar county) 23a. BURIAL, CREMATION, (Stote) HAGERSTOWN

24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Certing S. Formes

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

7	OFFITICA .	E OF BEATH
	(LD HEI A	
100	CERTIFICAT	E OF DEATH

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RUBA) and give perest town 53 years	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) Washington County Hospital	d. STREET ADDRESS 135 N. Locust St. e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Margaret First Catherine	Cramer, 4. DATE Month 24 1961
	B. DATE OF BIRTH December 14, 1887 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done thing most of working life, even if retired) Own Home	STRY 11. BIRTHPLACE (State or foreign country) Frederick Md.
13. FATHER'S NAME Henry Brust	14. MOTHER'S MAIDEN NAME Florence Stahl
/Yes no or unknown) . (If yes also yes of service)	Address rs. Rebecca Martin Hagerstown, md.
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	clerosis 5 years
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State ctory, street, office bldg., etc.) !
21. I certify that (I) (this hospital) attended the deceased from saw the deceased olive an 2-23-1961, and that a	12-1- 1950 to 2-21- 1951, that (I) (we) last death occurred of 1245 M, from the couses and on the date stated about ATTENDING MED. STAFF
22c. PHYSICIAN'S NAME (Type) Dr. E. W. Ditto, Jr.	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
23a. BURIAL, CREMATION, PEMOYAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOYAL (Specify) 2-26-61 Rest Haven	Cemetery Hagerstown, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hagerston	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Online & Thomas

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	Al and none		Section Colonics
		West Training	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Re

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Reg.	Dist.	No.	Fu	D	0	U

1. PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)					
Washington	MARYLAND	"sarvland Washington					
b. CITY OR TOWN (If outside corporate limits, write BURAL and give necrest town) Hagerstown	c. LENGTH OF STAY IN 16 4 Yrs	c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest lown) Hagerstown					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS e. IS RESIDENCE					
1110 Security Road	d	1110 Security Road VES NO AFARM?					
2001212		DSON 4. DATE Month Day Year DEATH February 24 1961 19					
5. SEX 6. COLOR OR RACE 7- MARRIED	NEVER MARRIED 8.						
Male White WIDOWED	DIVORCED 1	11y 23 1956 4 yrs. Months Days Haurs Min.					
100. USUAL OCCUPATION (Give kind of work done 10b, KI during most of working life, even if retired) None	ND OF BUSINESS OR INDUST	Hagerstown Wash Co Md. USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Frank O. Davidson		Kathleen Dewey					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SI (Yes. no, or unknown) (If yes. give war or dates of service)		Address Address ank O. Davidson Illo Security Rd.					
Conditions, if ony, which gave rise to immediate cause (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CON		Dalls Of Mud In Mouth And Fow Minutes OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
CAUSE OF DEATH.		YES NO					
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour p. m. While	Not while	teath falling cabinet. E OF INJURY (Home, form, 120f. (City or town) (County) (Stole) ry, street, affice bldg., etc.) Haggretown Washington Md					
21. I certify that I took charge of the re		ve, held an Autopsy 🔀, Inspection 🗍, Inquiry 🗍, and find that					
death resulted from: Natural causes	, Accident 🔀, Suid	ide, Homicide, Undetermined cause					
ACTUAL SIGNATURE A SWAY	*	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 2-25-67					
EXAMINER'S NAME (Type) Dr. E. W. Ditto	Jr.	ASSISTANT MEDICAL EXAMINER 2-25-61 DEPUTY MEDICAL EXAMINER					
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2/27/61	edar Lawn C	emetery Hagerstown Wash Co Md.					
23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffnan Hag	ADDRESS rerstown Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEEB 2 8 '61 Carthy S. Krauk					

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AND REPORT OF SELECTION OF SELE		
		State of Superior
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E OF ASED or print)	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	C4119								Keg. Dist.	140.			
1. PLACE OF DEATH o. COUNTY	Washington		MARYL	- 11	2. USUAL RES	Md.	Vhere deceas	ed lived. If Instit b. COUNT	DV	before admission) ington			
b. CITY OR TOWN (if outside corporate limits, write RURAL ond give neorest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Hagers	town		life		03 Hagerstown								
			oital, give street address)	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?				
	k Hill Ave									YES NO N			
3. NAME OF -DECEASED (Type or print)	Mary Mary		Middle W		Davis		4. DATE OF DEATH	Moni 2	h D	19 61			
female	6. COLOR OR RACE White	7. MARRIEI WIDOWED	NEVER MARRIED DIVORCED		ate of Birth	-	3	9. AGE (In years lost birthday) 37 yrs.	Months Days				
10a. USUAL OCCUPATION during most of working	N (Give kind of work of	one 10b. Ki	IND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY?			
house			home				town,			USA			
13. FATHER'S NAME	11 12 11 11			1	4. MOTHER'S	MAIDEN N	AME						
Earl	A. Rider				Rose	e Gol	dsboro	ough					
15. WAS DECEASED EVE (Yes. no. or unknown) NO	R IN U. S. ARMED FOR lif yes, give war or dales of s	ervice)	6-14-5170		n J. Da	avis	Hage	Address					
Conditions, if on governise to immedia (o), stotling the uncouse lost.	y, which (b) (b)		guination E		7/16) Fam	r Winutes			
PART II. OTHE		OITIONS CO	NTRIBUTING TO DEATH	8UT NO	T RELATED TO	THE TERMI	NALDISEAS	E CONDITION GI	VEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO			
20c. TIME OF INJURY Hour 7:10 p.m. 21. I certify the	Y Month, Day, Yeo 2-22- 19/ of I took charge	other 20d. It While of wor	Stabbed Winjury Occurred Not while of work mains described Accident ,	PLACE foctory	of INJURY (H., street, office Home	Son form bidg., etc.	Hage:		, Inquiry [
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	or. E. W. I	Och	Jr.		ASSISTAI	NT MEDICA	CAMINER AL EXAMINE EXAMINER	2	-24-61	DATE SIGNED			
220. BURIAL, CREMATION REMOVAL (Specify) DULLA			22c. NAME OF CEMETER Rose Hill				22d. LOCA llag	TION (City, town, erstown,	or county) Md.	(Stote)			
23. FUNERAL DIRECTOR'S Fred W. Kra:		erstow	ADDRESS m, Md.			24a. REC'I	2 8 '61		STRAR'S SIGNA				

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	PLACE OF DEATH a. COUNTY	Washing	ton	MARYLAND	2. USUAL RESI	Md.	here deceased	l lived. If instituti b. COUNTY		e befare adm	nissian)
	b. CITY OR TOWN (If RURAL and give ne Hagers		ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside carporate limits, write RURAL and g Hagerstown					own)
,		AL (If nat in haspital, g		address)	d. STREET		. Was	hington	St.	10	RESIDENCE I A FARM?
	NAME OF DECEASED (Type ar print)	Fir Julia		Middle Diedear	Deib		4. DATE OF DEATH	Man		Day	Year 19 61
S. :	demale		7. MARI	RIED X NEVER MARRIED C	Sept.		1888	9. AGE (In years last birthday) 72 yrs.	-	1 YEAR IF UN Days Hau	
10a	USUAL OCCUPATION during mast af wark house	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR INC			or foreign co		12. CITI2	ZEN OF WHA	T COUNTRY?
13.	FATHER'S NAME	George Wa	arne	r	14. MOTHER'S	MAIDEN 1		nna Mar	tin		
		R IN U. S. ARMED FOR If yes, give wor or dates of st		SOCIAL SECURITY NO. 17 14-09-7287 F	INFORMANT B Joh	n C.	Deib	ert, Ha		town,	Md.
NOIT	Canditions, if ar gave rise to ir cause (a), stating the lying cause last. PART II. OTH	nmediate DUE TO the under: (c ER SIGNIFICANT CON	At	ronary occlusteriosclerotic	e heart d	iseas	e		/EN IN PART	Indef	AS AUTOPSY FORMED?
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		GCRIBE HOW INJURY OCCUR		of Injury in	Part 1 ar Part	t II of item 1B.)		YES	NO □ k
MEDICAL	20c. TIME OF INJUR' Haur a. m. p. m.	Y Manth, Day, Ye	While		PLACE OF INJURY factory, street, affic			or tawn)	(0	Caunty)	(State)
	saw the deceas	ed alive an Feb	ruan.	ded the deceased from	M.D. ATTENDIN PHYS.	d a2:1	OA Mm	staff PHYS.	nd an the	date stat	ed abave. 22b. DATE SIGNED
230		Robert F.		dle, M. D.		8 No		tomac S			erstown
	REMOVAL (Specify)	Feb. 1		.961 Cavet	own Cem	1	y	Cavetow	n, Mo	i.	
	Scott F.		& So	n, Hagersto	wn, Md.	DATE	FEB 1 4	204	STRAR'S SIC	2. Hours	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 241 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH o. COUNTY	Washingto	n Maryland	2. USUAL RESIDENCE	Where deceased live	d. If Institution	Residence Wash	- 1111
b. CITY OR TOWN (If and give negrest town rural	cavetown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RU Stown	JRAL and give	nearest tawn)
		t in hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Genevieve	Catherine	e Eccard	4. DATE OF DEATH	Month Feb	. 2,	19 61
s. sex female	white w	MARRIED NEVER MARRIED DOWED DIVORCED	Oct. 10, 1	914 4	yrs. N	Aponths Days	AR IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION during most of working house	ON (Give kind of work dane og life, even if retired) BW116	106. KIND OF BUSINESS OR INDU	The stry 11. BIRTHPLACE (Stote Chewsvi	e or foreign country)	•	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME	Robert Glen	n	14. MOTHER'S MAIDEN		a Caul	iflow	er
1S. WAS DECEASED EV {Yes, no, or unknown	ER IN U. S. ARMED FORCES Ilf yes, give war or dates of service		Glenn W. Ec	card, Ca	Address AVetow	n, Md	•
Canditions, if a gove rise to imme (a), stating the cause last.	diote cause	INTRAVENTRICULAR GLIOMA OF BRAIN		to-occipit	al		few hours
САТІС		ONS CONTRIBUTING TO DEATH BUT				I IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES IN NO
PRIMARY G ar COI CAUSE OF DEATH.	USE WAS NTRIBUTING []	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of Injury in Pa	art I ar Part II af iten	n 18.)		
20c. TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRED While Nat while at work at work	ACE OF INJURY (Home, far ctary, street, affice bldg., et	m. 20f. (City or tov	vn)	(County)	(State)
death resulted		the remoins described ob ses Accident , Su	ove, held an Autop vicide, Homicid		tion [], ermined cou	Inquiry [use].	, and find the
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Ja W Ditta	July fr	M.D. CHIEF MEDICAL I ASSISTANT MEDI-	CAL EXAMINER		2-2	
	DN, 22b. DATE THEREOF	22c. NAME OF CEMETERY O Cavetown R	R CREMATORY	22d. LOCATION ((State)
23. FUNERAL DIRECTOR Scott F.		Son, Smithsbu		D BY REGISTRAR	24b. REGISTR	AR'S SIGNAT	

VS. A15ME(S)

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EN'S CELTIFICATE OF DEATH	24 I DWEDICAL EXAMIN
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10 ans. 10, 101 and a	Temper active services
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gower/ligger willer	nasilw.fnaddi.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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WALLEY BURNEY BOOK

er death. Page 4

within 24 hau

al ar attending physician.

HYSICIAN: The law requires that the death certificate be exe

TO HOSPITAL

	And I do				
	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE harylan	b. COUNTY	
ŕ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write F	RURAL and give nearest town)
ı	Hagerstown	3 Days	Hagers	town	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Wash County Hospit	al	1117 So M	ont Valla A	Ve YES NO
	3. NAME OF First	Middle	Lost	4. DATE Mor	nth Day Year
	(Type or print) FRANK	ALBERTUS	FEIGLEY	DEATH Februa:	ry 21 1961 19
	S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Nale White WIDO	WED DIVORCED	January 23	1888 73 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Merchant	Self Employe	d Hagerst	own Wash Co	Md USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Alexander Feigle	v	Katie :	Bowers	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. (Yes, no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Ado	Iress
		.9-12-0516 Mr	s Cleta McC	Feigley 11'	7 So Nont Valla
	18. CAUSE OF DEATH [Enter only one couse per	life for (a), (b), and (c)]	Hage	rstown.d.	ONSET AND BEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	111	uncaen) , our	Lamine C LA
	DUE TO	VA	Color to x	6.46	
	Conditions, if ony, which gove rise to immediate (b)	wello-	value v	144	vore.
	couse (o), stoting the under-				
	lying couse lost. (c)				To week the pro-
	PART II. OTHER SIGNIFICANT CONDITION	SEONIKIBUTING TO DEATH BUT	NOT KELATED TO THE TERMI	NAL DISEASE CONDITION GI	PERFORMED?
9		ECONDE HOW INTHIN OCCUPAN	D /5-1	Death or Boat II of Stem 18)	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in i	roff for Port II of Heil 16.,	
	=	- 60	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (State)
	Hour o. m. 19 Whi	ork of work			111
	21. I certify that (I) (this hospital) after	nded the deceased fram	1	o ta	that (1) (was last
η	saw the deceased alive an Turk	and the second second	leath accurred A	M. from the causes at	nd an the date stated abave.
4	22o. SIGNATURE	000		-	22b DATE
J	11/1/20	Recy	M.D. PHYS. MI	ED. STAFF RECTOR PHYS.	the SIGNED
A	22c. PHYSICIANUS NAME (Type)	000/1	22d. ADDRESS	- 4.	MI
		1 4 CIA/E	4 1	Juso In	~ , / W
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	20d. LOCATION (City, town,	or county) (State)
	Burial 2/24/61	Rose Hill C	evetery	Hagerstown	Wash Co Md.
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'	D BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE
	Andrew K. Coffmen Hag	erstown 1d	DATE S	EB 23 '61	Tither S. Krous

FOR STATE

HEALTH DEPT

please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages v. z., and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for your-files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 241 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
7		a. COUNTY	a. STATE b. COUNTY
	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I) outside corporate limits, write RURAL and give nearest town)
ч		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (V outside corporate limits, write RURAL and give nearest town)
	1		X MT. BRIER . RURAL
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
11		1.	QN A FARM?
		KEEDYSVILLE MID. K.	REIEDVSVILLEMD RI YES X NO
		NAME OF First Middle DECEASED	Last 4. DATE Month Day Yaar OF
		(Tours as a day)	DENTE O 10/1
	5	SEX 6. COTOR OR RACE T MADDIED NIEVED MADDIED 7 8.	DATE OF BIRTH 19. AGE (In years 1 FUNDER 1 YEAR IF UNDER 24 HRS.
	•	MANGED _ NEVER MARNED	last birthdey) Months Deys Hours Min.
		MALE WHITE WIDOWED DIVORCED []	JFC 19-1954 6 yrs. 1 20
8	10a		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	001	and during most of working life, even if retirad)	3100 400 00 00
	12	FATHER'S NAME AT HOME	14. MOTHER'S MAIDEN NAME
	13.	PATHEK'S NAME	14. MOTHER'S MAIDEN NAME
		CEARLE FOUND FETTER SR.	DOENTHY RECHMAN
	15,		NFORMANT Address
	(Ye	os, no, or unkown) (Ifyesgive war or detesof servica)	m==T V MARI
		NO NONE CEC	DRCE E FETTER KEED USVILLE MD.KI
		18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]	INTERVAL BETWEEN ONSEL INDIDEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	helint
1			
/		DUE TO	al INTRA
		Conditions, if any, which (b) Caught Tone	ath follow that of
		gava risa to immadiata cause (a), stating the underlying DUE TO	
		causa last. (c)	Wood theel
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
u	OLL		PERFORMED?
	2		YES NO Z
	CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CONTRIBUTING	ntar nature of injury in Pert I or Pert II of itam 1B.)
		CAUSE OF DEATH.	truly roll of wood and
	WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, form, 120f. (City or fown) (County) (State)
-	EDIC	6-0//	ory, street, office bldg., etc.)
	×	5 p.m. 2-9 196/ at work at work	tome spedynodle waking a 1119
	Н	21. I certify that I took charge of the remains described above, hel	d an Autopsy, Inspection, and in my opinion
		death resulted from: Natural causes . Accident . Suici	de , Homicide , Undetermined manner
	\times		CHIEF MEDICAL EXAMINER
		ACTUAL A MILA	
1		SIGNATURE A CONTINUE	_M.D
1		EXAMINER'S TELATIFICATION OF A	DEPUTY MEDICAL EXAMINER
4		NAME (Type)	Address (Street, city, town, or county)
	22a	BURIAL, CREMATION, 228. DATE THEREOF 22c. NAME OF CEMETER OR	CREMATORY 22d. LOCATION (City, town, or country) (Steta)
	1	DIRIAL (Spacify) FEB 121961 NT-ZION CE	METTERY LOCUST GROVE WASH, CO.M.R.
1	75	FUNERAL DIRECTOR ADDRESS	VIETELY LOCOST COVE WASH, CO.M.D.
3	2.0		EER 4 A to 4
1	6	John (1. 1) Sall JOONSBORO IX	D DATE COLON S. Kraus
	-		

ANTONIA METEROPEA DE TROUTE REFERENCE DE L'ATERIA DE L THE STATE OF THE PARTY OF THE P A Children Market A Now Harris House CEORGIE EDWIN TETTER JR TERMEN 97 97 P MALIE WHITE TO THE 1954 OF 1 20 NowE AT HOME WASH CT MD. WISA CENTER FORM THETER SIS LORDING RETHMAN NO NONE CEORGE ESTAR KEED JUNEAU NO. 28 6 25 m 2 17 m Copy From St forter Por by part to per legistration of the of the second state of the second MI AND THE STAND THE FIRST LONG TONE WALT CHANGE (IX) ospativesch Tuch Ducht

TO HOSPITAL OR ATTEND

VR A1S (4) 1SM 9/59

02390

Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: b. COUNTY	Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURA Hagerstown	L and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Jackson Convalescent		d. STREET ADDRESS 155 S. Potomac St.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Mary	Middle Elizabeth	Lost 4. DATE Month OF DEATH Februar	
Female 6. COLOR OR RACE 7. MARI			UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
a. USUAL OCCUPATION (Give kind af work dane lob. during mast of working life, even if retired)	Own Home	State Line Pa.	12. CITIZEN OF WHAT COUNTRY?
. FATHER'S NAME Christian Stotle	r	14. MOTHER'S MAIDEN NAME Lydia A. Dahoff	
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. es. no, or unknown [(If yes, give war ar dates of service)]		FORMANT Address bert T. Fiery Hagerstow	n, Md.
cause (a), stating the under: lying cause last. (c)	neral senide	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	10 year
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part I ar Part II of item 18.) ACE OF INJURY (Hame, farm, 20f. (City or town)	(County) (State
20c. TIME OF INJURY Month, Day, Year 20d. I While p. m. 19 at war	rk at wark	1016 20 10 61	20 11 110 11
21. I certify that (I) (this haspital) attend	ded the deceased fram	1946	19, that (1) (we) last
saw the deceased alive an 2.10.6. 22a. SIGNATORE 22c. PHYSICIAN'S NAME (Type) S. Earl Young	ng M. D	Death accurred of A. M., from the causes and of A. M. Artending Med. STAFF PHYS. 22d. Address 148 N. Potomac St., Ha	2713/61

BYASE TO STACKSTEE the first the statement of the statement in the statement of the statement was the same to work the same of the same identification in 123.21.27 and in 122.21 are the state of the state o Fig. 1. Ter ming ab., Incompany, 11 842

M

TO HOSPITAL OR AT: DING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after a death. Page 4 may be regarded by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OR 15 CERTIFICATE OF DEATH

OR 2391 2415

1	e. COUNTY Was	hington	MARYLAND	e. STATE	CE (Where decessed lived, I b. COU ryland		
	b. CITY OR TOWN (i write RURAL and Hagersto	f outside corporete limits, give neerest town) IWII	c. LENGTH OF STAY IN 15	63	f outside corporete limits, wri		
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if not i	n hospitel, give street eddress)	d. STREET ADDRESS		100	e. IS RESIDENCE ON A FARM?
	Washingt	on County Hos	pital	1 720 Oak H	Hill Ave.		YES NO TO
3.	NAME OF	First	Middle	Last	4. DATE Mon	th Dey	Yeer
	(Type or print)	CHARLES	BRITTON	FI.EGAI.	of DEATH Febr	uarv 16	19 67
5.	SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In yeer	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	T.T1. + A.	OWED DIVORCED	lay 17, 1874	last birthdey) 86 yrs.	Months Deys	Hours Min.
100	e. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired)	DE. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country	12. CITIZEN O	WHAT COUNTRY?
	etire Brak		Railroad	Phillipsbu	ro. Penn.	U.S.	Α .
	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	0.00.01	
	Geo	rge W. Flegal		Margare	et Dixon		
15	WAS DECEASED EV	ER IN U.S. ARMED FORCES? fyesgivewerordetesofservice)	16. SOCIAL SECURITY NO. 17.	NFORMANT	Addre	SS	1
	no	L A GO DE LA GA MAI OL GA LOS OLZALAICA)		Irs. Ada M. F	legal Hagers	town, Mar	vland
-	18. CAUSE OF D	EATH [Enter only one ceuse		-	,	INT	ERVAL BETWEEN SET AND DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	coronary.	order	en	ON	2 den
	1720	DUE TO				-1	8
	Conditions, if eny	-	aroner art	in sel	com	0	4-16me
	geve rise to immedi	ate ceuse)			
1	(e), steting the use couse lest.	nderlying (c)	enclosed ,	prheres	eleron	_ C	Lesen
Z	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION G	VEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
I A	Ext	neine le	lular por	unner	-	1	ES NO
CERTIFICATION		AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.			CE OF INJURY (Home, farm tory, street, office bldg., etc.		(County)	(Slete)
	21. I certify i	hat (I) (this hospital) a	itended the deceased from	Legy 17,	1947 to Feb. 1	6, 19.6.1, tl	hat (I) (we) last
	saw the deceas	sed alive on	16 196 1., and that	death occured av.,.	vi, from the causes	and on the da	22b. DATE
	226. 3131771818	Litar	Cen how		MED STAFF	2,	17 GIGNED
	22c. PHYSICIAN'S NAME (Type)	L.L.PA	cked In	22d. ADDRESS / G	gerlan	the st	7-47
23	e. BURIAL, CREMATI REMOVAL (Specify) Burial	ON, 23b. DATE THEREOF 2/19/1961	Rose Hill Cer	or CREMATORY netery	23d. LOCATION (City, 1) Hagerstown		(Stete) arvland
24		r's SIGNATURE Ezer Funeral H			C'D BY REGISTRAR 256. R	EGISTRAR'S SIGNAT	TURE
1	R. Frankl		Hagerstown, Md.	DATE	FEB 2 3 '61	arthur S. 10	NAME .
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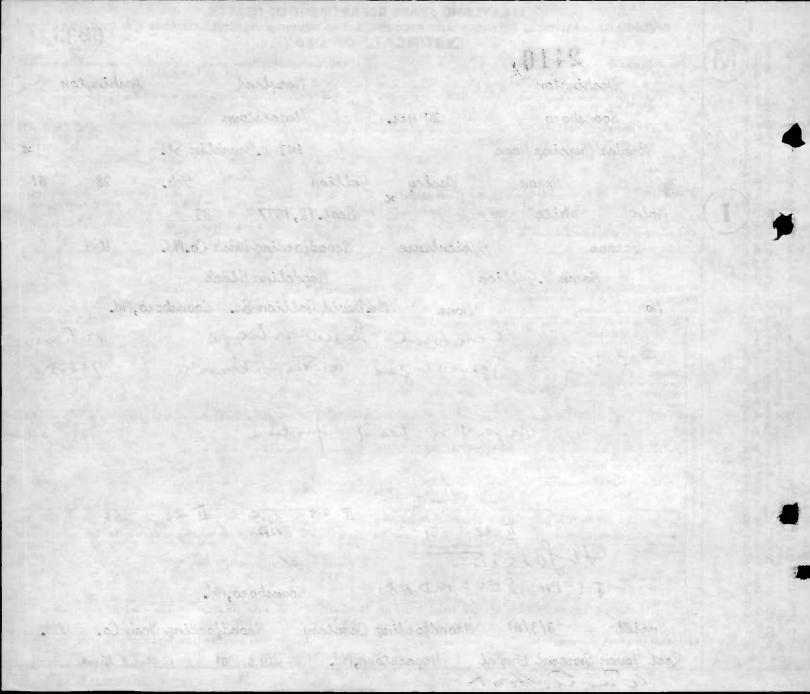
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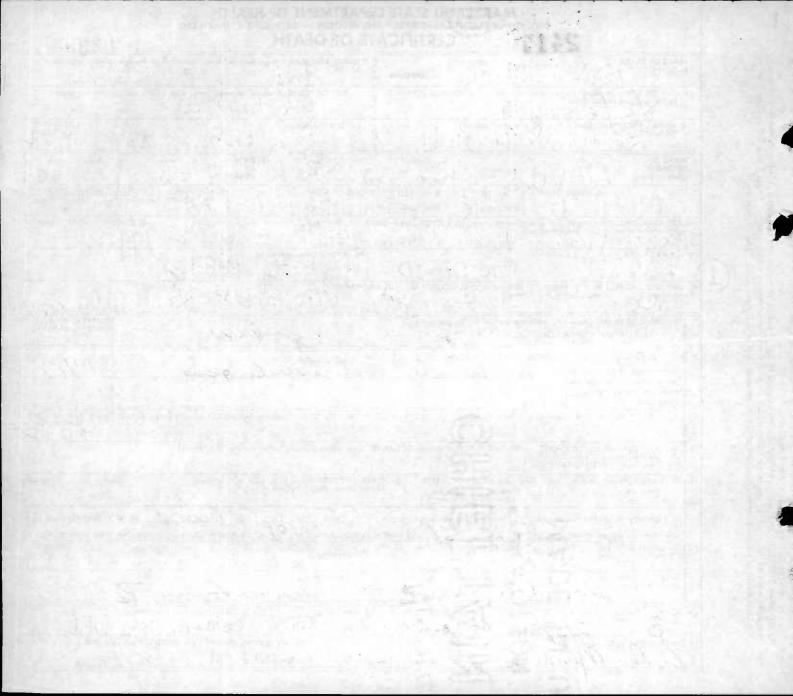
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1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
4 2	1 1	-	0 (1000)
Page direct	IVI)	1.	o. COUNTY Was hing Ton MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY COUNT
death. uneral			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the fund a 2 should	X		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS ON A FARM? YES \(\sigma \) NO PROPERTY OF THE
124 hau illed in b es 1 and	eoth.	3.	NAME OF DECEASED (Type or print) DAVID Widdle GOSSARD 4. DATE OF DEATH FED. 196
within letely f	er d	S.	SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. lost biglidoy) Months Days Hours Min.
o papers	haurs aft	10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) NOVER (Van Many Organs, State Line, Pa. (1.5.)
ote be e	within 2	13	FATHER'S NAME LAVID GOSSARD HENVIETTA WATKINS
certificang physics remayer	event, wi		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT. es. no. or unaconn (If you have your or dotes of service) 205-09-05HAMDS. Willen Baker - Leilersburg. In
deoth tendir	any		18. CAUSE OF DEATH [Enter anly ane couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
he d	2.5		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestive Known Lendon
that the by the lit. The	al, and		Conditions, if ony, which) (b) Sequile arterior selections 11/1.
equires in. signed	rengo.	b	gave rise to immediate couse (o), stating the <u>under-lying cause last.</u> DUE TO Column Column
physicio as been ial-trans	atian, o	CERTIFICATION	
IAN: The ending ficate h	Ol, crem		
PHYSIC al ar att his certi use as	ta buric	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m. While Not while at work at work at work at work 19 a
filer the d for	priar		21. I certify that (1) (this haspital) attended the deceased fram. 19 19 19 19 19 19 19 19 19 19 19 19 19
END he he ache	丰		saw the deceased alive an Feb. 19 and that death occurred of M. from the causes and an the date stated above.
SR ATTI ined by the DIRECTO	af He		22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED
TAL AL hou	e Board		22c. PHYSICIAN'S NAME (Type) David RHESS, M.D 22d. ADDRESS, M.D Shady Grove, Pa
may be properly FUNER	the State	23	a. BURIA (REMATION, 236. DATE THEREOF 23) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 2/5/6/ Proadfording em Wash, Co. md.
F F	10	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A1S (4) 1SM 9/59	Z	· [Cro, Minnich - Greenciste DATE FEB 7 '61 arthur & Known



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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

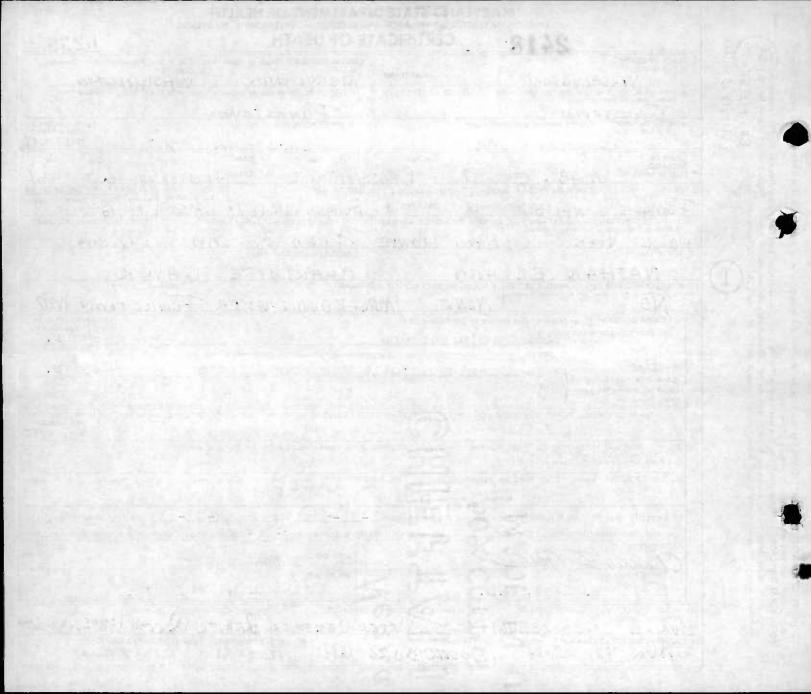
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2418

02394

	ACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (t	. COUNTY	
b	CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 1b	MARYLA		MHSHIN nits, write RURAL and g	
	RURAL and give nearest town)	C. LENGTH OF STAT IN TO	X		ilis, write KOKAL Olid g	ive neuresi iowiij
	NAME OF HOSPITAL (If not in haspital, give street as	ddress)	d. STREET ADDRESS	<stown< th=""><th></th><th>a IS DESIDENCE</th></stown<>		a IS DESIDENCE
	OR INSTITUTION	udiessy	1			e. IS RESIDENCE ON A FARM?
	FUNICSTOWN M	D		STOWN	MD	YES NO
DI	AME OF First	Middle	Last	4. DATE OF	Month	Day Year
_	ype or print) MACCIE	D. GRO	SSNICICLE	DEATH	BIRVAIRY.	20. 196/
5. SE	MAKKIE	(B. DATE OF BIRTH	9. AG		1 YEAR IF UNDER 24 HRS.
4	EMALE WHITE WIDOWED	7	JANUARY -1	4.1879	52 yrs.	6
10a.	USUAL OCCUPATION (Give kind of work dane 10b. Kiduring most of warking life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sta	ate or fareign country)	12. CITIZ	ZEN OF WHAT COUNTRY?
H	OOSE WIFE 6	WN HOME	FITED.	CO- /VII	0. 4	·S·A·
	NATHAN ECCA	13.D	CHARL	OTTE	GAVER	
	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17. 1	NFORMANT		Address	
	NO	YONE M	RS. EDWIN	MOSER	FULLICST	OWN MID
	B. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), ond (c).]				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	liac Failure				24 hr.
	LEGO DUE TO					
	Conditions, if ony, which) (b) Art.	erioscleroti	ic Vascula:	r Disease		5 yr.
	gove rise to immediate					
	lying cause lost.					
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
ATE	Renal Failure					PERFORMED? YES NO TO
GZ (OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Port I or Port II of i	tem 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	Coc. TIME OF INJURY Month, Day, Year 20d. INJ Haur a. m. 19 While of work	Nat while fa	ACE OF INJURY (Home, for ctory, street, office bldg.,	etc.)	/n) (C	County) (State)
	21. I certify that (I) (this haspital) attende	ed the deceased fram.	1-21-56	19, to_2=2	0-61 , 19	, that (I) (we) last
	saw the deceased alive an 2-20		death accurred at 2	: 30 From the c	auses and an the	date stated above.
	220. SIGNATURE					22b. DATE SIGNED
	Charles In Hess		M.D. PHYS.	MED. STA	rs. 🗆	SIGNED
	22c. PHYSICIAN'S NAME (Jype)		22d. ADDRESS			
	Charles F. Hess, M.D.	•	Smith	sburg, M	aryland	
	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d, LOCATION (City, town, or county)	(State)
P	REMOVAL (Specify) JEB 23 1961	BEAVER CRE	EL CEMETIS	RIBEAVE	CREEK 1	NASH. CO.NID
24. F	UNIERAL DIRECTOR SIGNATURE	ADDRESS	250. RI	ECO BY REGISTRAR	2Sb. REGISTRAR'S SIG	
1	Jalu VI. 12016 /	DOONSBOR	DATE DATE	FEB 2 4 '61	arthur S.	Thous



1. PLACE OF DEATH

b. CITY OR TOWN (if opide of write RURAL end gize neer

geve rise to immediate cause

ERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

419	CERTIFICAT	E OF DEATH	02395
a Co.	MARYLAND	a. STATE do decessed lived, If institution b. COUNTY	huston
orporete limits, est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL Hagenteun d. STREET FORRESS	end give neerest town)
STITUTION (if not in	hospitel give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE

YES NO A

Year

yrs.

(State)

Dey

Month

Hagenst	oven	Jeans	Magen	aloun
d. NAME OF HOSPITA	L OR INSTITUTION (if not	in hospital give street eddress)	d. STREET ADDRES	S
745 A	Buce St.		745 A	Bruce-
NAME OF DECEASED	Mary	Middle	Hammersla	4. DATE

(Type or print)	rial y	Ellen	nammersia	DEATH	rep	2	TAPT	
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. PATE OF BIRTH	9.		IF UNDER 1 YEAR	IF UNDER 24 HR	S.
n	w		1 Han . 20, 1881		fast birthdey)	Months Deys	Hours Min.	

10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)

12. CITIZEN OF WHAT COUNTRY?

12. CITIZEN OF WHAT COUNTRY?

13. BIRTHPLACE (County & Stete, or foreign country)

14. C. C.

13. FATHER'S NAME

Chritopher Houpt

14. MOTHER'S MAIDEN NAME

Chysleth Commodson

15. WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no or unkown) (Hyes give were or deless feelvice)

18. CAUSE OF DEATH [Enter only one couse :	per line for (e), (b), end (c).]	1000	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Cardiovascular Col	lapse	Min Min
Conditions, if eny, which (b)	Arterioscleroisis	Generalized	yrs.

(e), stelling the underlying Due to Atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?

Arthritis Generalized.

2De. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH | (FETTHER NOTICE WARDING)

(It Elliek, North Mee	NOUT EVOLUTIES				
20c. TIME OF INJURY	Month, Dey, Yeer	20d. INJURY OCCURRED	2De. PLACE OF INJURY (Home, ferm, 20f. (City or town)	(County)	(Stete)
Hour e.m.		WhileNot While	factory, street, office bldg., etc.)		
D. M.	19	et work et work			

21. I certify that (I) (this hospital) attended the deceased from 19.5,7 to Feb. 2., 161., that (I) (II) last saw the deceased alive on Feb. 2., 19.61, and that death occurred at 3P.M, from the causes and on the date stated above.

sa	w the deceased alive or	rebZ.	19 5.1 ,	and that d	eath occured at. 2.F	A, from the causes as	nd on the date	stated	above
22	e. SIGNATURE	2	One	2/ · M.D.	ATTENDING MED.	TOR STAFF		22b.	DATE
22	C. PHYSICIAN'S	1	17	X-1	22d. ADDRESS	1 1	18 10		1

NAME (Type)

LOUIS G. Graff, M.D.

119E. ANTIETOM J.

23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR GREMATORY

23d. LOCATION (City, town or county)

24 EUNERAL DIRECTOR'S SIGNATURE

ADDRESS

256. REC'D BY REGISTRAR'S SIGNATURE

Oriting 2. Formula

VR A15 (4) 15M 9/60

Fair I

TILL

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. hour formal fill the total

27

Louis H. Livershie Birth

25b. REGISTRAR'S SIGNATURE

Cathan & Krand

25a. REC'D BY REGISTRAR

r attending physician certificate has been s 0 VR A15 (4) 15M 9/59

24, FUNERAL DIRECTOR'S SIGNATURE

		V 2. 0	
	AND CHARLES		
			1.7
- Agusta grad	Samuella = E	William Co.	A DUN
	Company of		,
		fore perincip	
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ot. Seenselle, Penis.	Sept. E. Seltinore	Taring, and a purify	
San Commence			

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Re

Reg. Dist. No. 02337

M		PLACE OF DEATH C. COUNTY Washington MARYLANE	a. STATE Maryland b. COUNTY Washington						
	t	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi							
X		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 336 S. Potomac Street	d. STREET ADDRESS 336 S. Potomac Street	e. IS RESIDENCE ON A FARM? YES NO					
1	1	NAME OF First Middle DECEASED (Type or print) LAWSON PAUL	HAWTHORNE DEATH February	28 1961					
(1			August 9, 1903 57 yrs. Months Do	YS Hours Min.					
	re	USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) etired Maintanence worker Aircraft Co. FATHER'S NAME Harry F. Hawthorne	Hagerstown, Maryland 14. MOTHER'S MAIDEN NAME Gertrude F. Wilkinson	S.A.					
	[Tes	no, or unknown) (If yes, give war or dates of service)	William H. Hawthorne Hagerstown,	Maryland					
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO		interval setween onset and death Recent					
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		Recent o) 19. WAS AUTOPSY PERFORMED?					
2	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)	YES NO					
	MEDICAL	Hour a.m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.) (City or town) (County	(State)					
		21. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and find that death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined cause .							
2		ACTUAL SIGNATURE SIGNATURE SEAMINER'S	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
	220	NAME (Type) Dr. E. W. Ditto Jr. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		(State)					
By	235	Burial 3/3/1961 Rose Hill Ce FUNERAL DIRECTOR'S SIGNATURE Dater - Rouzer Funeral Home Hagerstown,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	7 7					

CONT. JAMES TO THE TOTAL TOTAL and the second of the second of the second of the COEMANTE . THE STREET AND THE PROPERTY OF THE PARTY O Figure 1. The State of the Stat . hos course and to of Estimates and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02292

2	2499	CERTIFICA	IL OI DEATH	(1~00)
-	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	idence before admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL o	and give nearest tawn)
	FUNKSTOWN	LIFE	X TUNKSTOWN	to protection
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION NO: 40 FREDERIC	1K ROAD	NO. 40 FREDIERICU ROE	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED First	Middle	Lost 4. DATE Month OF DEATH FERRINGISTS	Day Year
-	5. SEX 6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years FUNI	DER 1 YEAR IF UNDER 24 HRS.
1	FEMALE WHITE WIDOWEL	7 - 1	APRIL - 28.1868 92 yrs. 9	17
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11		CITIZEN OF WHAT COUNTRY?
	HOUSE WIFE	WA HOME	14. MOTHER'S MAIDEN NAME	· 43,A,
	OLIVER ISEN	UNGER	AMANDA MOSE	12
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give war or dates of service)	A	FORMANT HC FIREDI	ERICLE ROAD
-	18. CAUSE OF DEATH Enter only one couse per line	far (a), (b), and (c),	OFTHEL HARP FUNKST	INTERVAL BETWEEN
		iplegia, ri	ght, due to Cerebral Thron	ONSET AND DEATH
ı	DUE TO DOS	is, left.		2 months
	gove rise to immediate	eralized Ar	teriosclerosis	years.
	couse (a), stating the <u>under-</u> DUE TO lying cause last. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CO	None.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	_	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 ar Part II af item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. p. m. 19 While at work		ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	(County) (State)
	21. 1 certify that (I) (this haspited) attended	ed the deceased fram.		
	saw the deceased alive an Feb. 1	and that c	leath accurred at <u>7A</u> .M, fram the causes and an	the date stated above.
	Max	Dell		b.17,1961 SIGNED
	22c. PHYSICIAN'S NAME (Type) R.A.Bell,	M.D.	Hagerstown, Mar	yland.
F	23d. BURIAL, REMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or coun	ity) (State)
-	BURIAL FED 18 1961	CFUNICSTOVYN ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR	SIGNATURE
1	blu Ch Part &	DooresBoro	MO DATEB 23 '61 Contluy &	

er deoth. Poge 4

DR. BELL

within 24 hour

may be revained by the houseful or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event. PHYSICIAN: The low requires that the death certificate be exe

TO HOSPITAL OR ATTENDI VR A15 (4) 15M 9/59

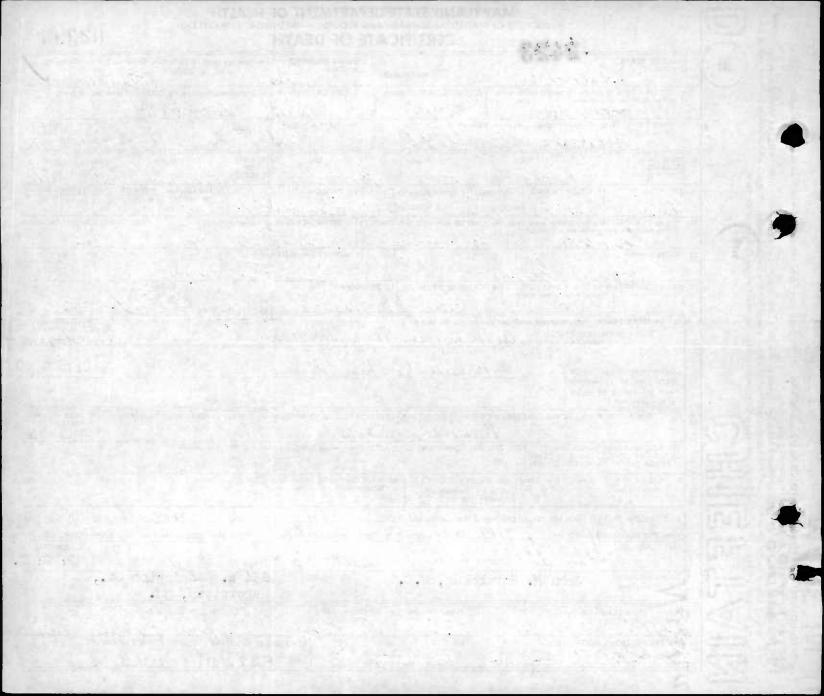
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02390

	1/99	CERTIFICA	AL OI DEATH			TWO UT
1. PLACE OF DEATH o. COUNTY	160			here deceased lived. If inst		fore admission)
Wd5/	ington	MARYLAND	o. STATE	b. cour	MY Frank	elin 1
b. CITY OR TOWN (If outside of RURAL and give negrest town		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wri	ite RURAL and give n	earest town)
Hager.	5 to win	2 WKS	Kura	il Ceraen	castle	
d. NAME OF HOSPITAL (IF not OR INSTITUTION	in hospital, give street	Hospital	d. STREET ADDRESS	ite#2	75×3	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	, lost	4. DATE	Month [Day Yeor
(Type or print)	Edna	H.	Heisey	DEATH Febru	114 /9	196/
S. SEX	OR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye lost birthdo	Months Days	
Female W	hite WIDOW	ED DIVORCED	October 14.		yrs. Mollins Days	Min.
Oa. USUAL OCCUPATION (Give I during most of working life, e	kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
House Wi	te)	House Keeping	Frank	1156 Jehn	1 1	54
3. FATHER'S NAME	2 1/1	00	14. MOTHER'S MAIDEN	NAME		
John T	Hartha.	4	Hhbie	Jane Mae	45	
15. WAS DECEASED EVER IN Ú. S. (Yes, no, or unknown) (If yes, give	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	1. Samel A.	theren 1	Address f	with 14
18. CAUSE OF DEATH [Ente	r only one couse per li	ine for (o), (b), ond (c).]		1	IN IN	ITERVAL BETWEEN NSET AND DEATH
PART I. DEATH WAS O	CAUSED BY: Aus	ite my ocardi.	es infare tion			5 days -
7700	DUE TO		V			
Conditions, if ony, which	(b) an	Ferioschoopie	heart disters	٤	1	sue en Yari
gove rise to immediate couse (o), stating the under						
lying couse lost.	(c)					
PART II. OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH BL		MINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3			ebolus -			YES NO
PART II. OTHER SIGNI 20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.	.)	
20c. TIME OF INJURY Month Hour o. m.			PLACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City or town)	(Count	y) (Stote
₩ p. m.	19 While of war	THOI WILLIE	one, , , and a lage, of			
21. I certify that (I) (th	is haspital) attend	ded the deceased fram	714 19	961, ta 31	119 1961	that (I) (we) las
saw the deceased aliv	e an 41	9 19 61, and that	death accurred 3120			
22o. SIGNATURE	11-1					22b. DATE
	n SISTON	m baker	M.D. PHYS.	NED. STAFF PHYS.		2:20:0
22c. PHYSICIAN'S NAME (Type)	ohn H. Horr	nbaker, M.D.	22d. ADDRESS	154 W. Washi	9	9
				Hagerstown,	Md.	
23a. BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn, or county)	(Stote)
Burial 2/	21/1961	FANIEW	Chiefery	Meriestera	Markling	c. Jenha
24. FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS	0 0 250. REC	C'D BY REGISTRAR 258.	REGISTRAR'S SIGNAT	TURE '
deformed he for	mon com	, Speancost	GITE DATE	FEB 2 3 '61	Outling 8	4

TO HOSPITAL OR ATTENDE VR A15 (4) 15M 9/59



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		2424	CEKTIFIC	AIE OF DEAIR			UA	THU
Ī.	PLACE OF DEATH			2. USUAL RESIDENCE (W			idence before ad	mission)
	o. CODINII	Washingto	MARYLAND			. COUNTY		
_	h CITY OF TOWN	(If outside corporate limits		Mary I			shingt	
	RURAL and give i	nearest town)	c. certon of star in it	C. CITT OK TOWN (III	conside corporore min	ils, wille KOKAL O	nd give nearest	ioii
	Hancock		Life		ain St.			
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, given	ve street oddress)	d. STREET ADDRESS			e. IS	RESIDENCE N A FARM?
	OK INSTITUTION			77	164			NO F
=		H me			Marylan			
	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day	Year
	(Type or print)	Mar	McCleve	Henry	DEATH	2	16	19 6
	SEX	6. COLOR OR RACE	MARRIED NEVER MARRIED		9. AGE		DER 1 YEAR IF U	NDER 24 HR
	Ta		WIDOWED TO DIVORCED		lost	Dirrindoy) Mont	hs Doys Ho	urs Min.
	P'	1 44		Jan. 7.1002	79	yrs.		
J	 USUAL OCCUPATI during most of wo 	ION (Give kind of work de rking life, even if retired)	one 10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote	e or foreign country)	12.	CITIZEN OF WHA	AT COUNTR'
	Housew		Housewife	Washinst	on MSoun	ta Ma	U.S.A	
3	FATHER'S NAME		HAGISHILE	14. MOTHER'S MAIDEN	NAME	and man	0.00	•
	_							
		ohn W Burg			D Bootma			
	. WAS DECEASED EV	ER IN U. S. ARMED FORCE		, INFORMANT		Address		
•	AT	lit yes, give war or dates or ser		(D)	T	77 - 1 - 1	26.2	
	NO.		None	Charles E H	enry Jr	Hancock		
			se per line for (o), (b), and (c).]	1 / / 7	_		ONSEL	ND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	myocardial	Inforce	-by-		01	
	1770	1 DUE TO	0,	0/11	0			
	C 100	1 0	A. Tois as la	+ HA 7	+ 1/	- 0 .	70.	
	Conditions, if		- Commence	we I lan	Pro	~~	207	
	couse (o), stoting		9	10+	1			
	lying couse lost		Deneralized	allins	elever	->	20	200.
Z	PART II. OT	THER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE COND	DITION GIVEN IN	PART 1(0) 19. W	AS AUTOPS
CATION								REORMED
0							YES	□ NO
CERTIFI	20a. ACCIDENT W	YAS UNDERLYING ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of it	em 18.)		
Ü	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)						
A			20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	m 20f (City or town	n)	(County)	(Sto
MEDICAL	Hour o. m.		While Not while	foctory, street, office bldg., et	tc.)	'/	(000))	10.0
ž	p. m.	19	of work of work					
	21 Leoutifu th	at (I) (this basnital)	attended the deceased fram	lan 25 11	059 . Jan	4 1	06/ shat 1	I) /
					7. 1.10		9 <u>4</u> /_, that (
	saw the deced	osed alive an	19@L., and tha	death accurred at 15	E.M. from the co	auses and an	the date sta	
	220. SIGNATURE	and o	TO MA IL			Tak tak		22b. DATE
	1 ronks	1 harrest	1110.		MED. STAI			SIGN
	22c. PHYSICIAN'S			22d. ADDRESS				
	E ME (Type)	RTUAMI	IS TIMD	HANCAC	F M	\sim		
	FIVIN	DITTO	11 /1.01	77777 000	1 / 10	<u>V.</u>		
23	a. BURIAL, CREMATI		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	ity, town, or cour	ity) (Stote)
	REMOVAL (Specify		/2 Gt m				JER AN	. 1 -
-	Burial FUNERAL DIRECTO	2.18.		Episcopal	Hancock C'D BY REGISTRAR	Washin 25b. REGISTRAR	gton M	d.
14	, FUNERAL DIRECTO	K S SIGNATURE	ADDRESS	250. REC	C'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
d	HOU TO	D 7 241	ma Hanson	Q ma DATE	n a 2 161	0-1	9 Kanea	
	31.1 7 1 1 1 1 1 1 1 1			THE PARTY NAMED IN	T 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Lond Seatell .	A /LAGILA	

pletely filled in by the funeral director, PHYSICIAN: The law requires that the death certificate be exertal an attending physician. his certificate has been signed by the attending physician and continued and continued by the attending physician and continued at the attending physician and continued at the continued at TO HOSPITAL OR ATTENDITY OF HIS may be remined by the hole and TO FUNERAL DIRECTOR: After this

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	distributed of challengers	0.		
	opias, at gravit il es franci	e e e e e		
-1-1-	The State of the S		To-A	
	1 VIII 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	25 14 15	AM DO THAT	W.
	de Ni dicanguli (Igenenia). Ven			age B

TO HOSPITAE OR AIT DING PHYSICIAN: The law requires that the death certifier, be executed in 24 hours after	death. Page 4 may be remided by the hospital or attending physician. 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.	
rsician: The law requires that the deat	hospital or attending physician. settificate has been signed by the attending use as the burial-transit permit. Then plea rior to burial, cremation, or removal, and	
TO HOSPITAL OR ATI DING PHY	death. Page 4 may be remed by the lead to receive the lead of received by the lead of director, page 3 should be detached for the filed with the State Dept. of Health p	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 024.11

SIMIISTICAL	RESEARCH AND	RECORDS,	201 44	- PRESIGIA	3
2425	CERT	IFICATE	OF	DEATH	

	COUNTY	shington				a. STATE	rvland	b. COUN	ry	idenca before	
b.	CITY OR TOWN (if	f outside corporete limit	s,	maryla c. LENGTH OF STAY		c. CITY OR TOWN	e/	orete limits, writa			
D		giva nearast town)		Life							
	ural Hage		not in ho	spitel, give street eddress	1	d. STREET ADDRES		gerstown	1	1 0. 15	RESIDENCE
	R.F.D. #			priory give sites of dates			Hagersto	own		0.	N A FARM?
	AME OF ECEASED	First		Middle		Last	4. DATE	Month	ı	Dey Y	160
	ype or print)	CORA		MAE	HOCK	ERSMITH	DEATH	Februar	ry 1	3 1	961
5. SI	EX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	B. D.	ATE OF BIRTH	9	. AGE (In years			ER 24 HRS.
F	emale	White	WIDOWI		De	cember 3,	1887	last birthday) 72 yrs.	Months De	ys Hours	Min.
done	Housewife	ON (Give kind of work rking life, even if retired	10b. k	CIND OF BUSINESS OR IN	NET T	Hagersto	wn, Mary			OF WHAT	COUNTRY
13. I	FATHER'S NAME	in B. Thur	ston		14.	MOTHER'S MAID	Lucreti	a Schle	ligh		
15. V				SOCIAL SECURITY NO.	17. INF	DRMANT		Address			
(Yes,	no, or unkown) (If	yes give wer or dates of se	rvice)	none		George	Bellinge	er Hager	stown,	Mary:	land
		EATH [Entar only one	ceuse per	line for (a), (b), and (c).]	1		-			INTERVAL	BETWEEN
	PART I. DEATH	WAS CAUSED BY:		Subarach		Hemorrh	1200			ONSET AN	eeks
	330	DUE TO		gubaraon	IIO I G	MCHOTIT	Jage _			- U WI	cens
	Conditions, if any										
	geve risa to Immedia	DUIT TO									
	a), steting the ur	(c)									
z =	PART II. OTHER	177-	IONS COI	NTRIBUTING TO DEATH I	BUT NOT RE	LATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1	e) 19. WAS	AUTOPSY
CATIO				Hypertens	ion.					YES T	FORMED?
2 0	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OC		ter neture of injury	in Pert I or Pert I	l of item 18.)			
MEDICAL	Hour e.m.	RY Month, Day, Yee	while two	eNot While		OF INJURY (Home, f street, office bldg.,		y or town)	(County	')	(Stete)
-		nat (I) (this hospit	all atter	ided the deceased	from 5	Jan. 25.	1961 to	Feb.12	19 6	Ithat (1)	(we) las
				2, 1961 and						date sta	ted above
3	22a. SIGNATURE	P.O.	10	Bell	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Fe	b.13	2b. DATE , 1961
2	22c. PHYSICIAN'S NAME (Type)	R. A. Be	11.	м. D.		22d. ADDRESS	reretow	n, Mary	haely		
230	BURIAL CREMATI	ON, 23b. DATE THER		23c. NAME OF CEM	ETERY OF			ATION (City, tow			(Stete)
RI	EMOVAL (Specify) Temation			Cedar Hil	100		T	hington.	,		C.
						lar	DECID BY BEGIE	TOAD OF DEC	ISTRAR'S 510		
3	uter . Ro	ouzer Funer	al Ho	me Hagersto	wn, M	arylan date	FEB 1 6 '6	1 a	thun S. +		

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2426 CERTIFICATE OF DEATH

CERTI	FICAT	E OF	DEATH

02402

a. COUNTY	MARYLAND	o. STATE Maryland Washington						
b. CITY OR TOWN (If outside corporate limits, write c. LE	ENGTH OF STAY IN 16	Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL and give nearest town)	t town)							
d. NAME OF HOSPITAL (If not in hospital, give street addre	2 Yrs	e. IS RESIDENCE						
OR INSTITUTION	33)	d. STREET ADDRESS		ON A FARM?				
Gateway Conv. Home		Hopewell YES NO						
3. NAME OF DECEASED (Type or print) JOHN	ALBERT	HOOVER	of DEATH February	22 196119				
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNE lost birthday) Manth	DER 1 YEAR IF UNDER 24 HRS.				
Male White WIDOWED	DIVORCED [August 10	1872 88 yrs.	os Doys Hours Min.				
Campenter	of Business or Indi	Hagerstown	n Wash Co Md.	CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
J. Dallas Hoover		Aranda						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give wor or dates of service)	AL SECURITY NO. 17.	NFORMANT	Address					
	one hr	s Margaret 1	Veikirk 1344 Sa	lem Ave				
1B. CAUSE OF DEATH [Enter only one couse per line for	(o), (b) and (c).	A Hage	rstown Md.	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ute Ca	idias 7	ailure_	Andd				
Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost. DUE TO (b) DUE TO (c)	erio &	clerotic	Cardioc De	o 5 yrs				
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition given in I	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
	HOW INJURY OCCURR	ED. (Enter noture of injury in F	Part I or Port II of item 18.)					
Hour o. m. While	OCCURRED 20e. P Nat while ot work	LACE OF INJURY (Home, farm octory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)				
21. I certify that (I) (this haspital) attended to say the deceased alive an Tell 20		2 . (59. ta 7-UT, 22, 19 M, fram the causes and an	the date stated abave.				
22d SIGNATURE TO PRINTERS			STAFF RECTOR PHYS.	22b, DATE 2/23/6				
22c. PHYSICIAN'S NAME (Type) David R. B	Brewe?	- 22d. ADDRESS	1 Apring	Md.				
	. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or coun	ty) (State)				
Burial 2/25/61 Ro	se Hall O	eretery.	Hagerstown Wa	sh Co Ma				
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25g. RFC'	D BY REGISTRAR 256, REGISTRAR'S	SIGNATURE				
				S. Kraus				

List Sant Sant State Sta David R. Brewer I Many Youling May

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
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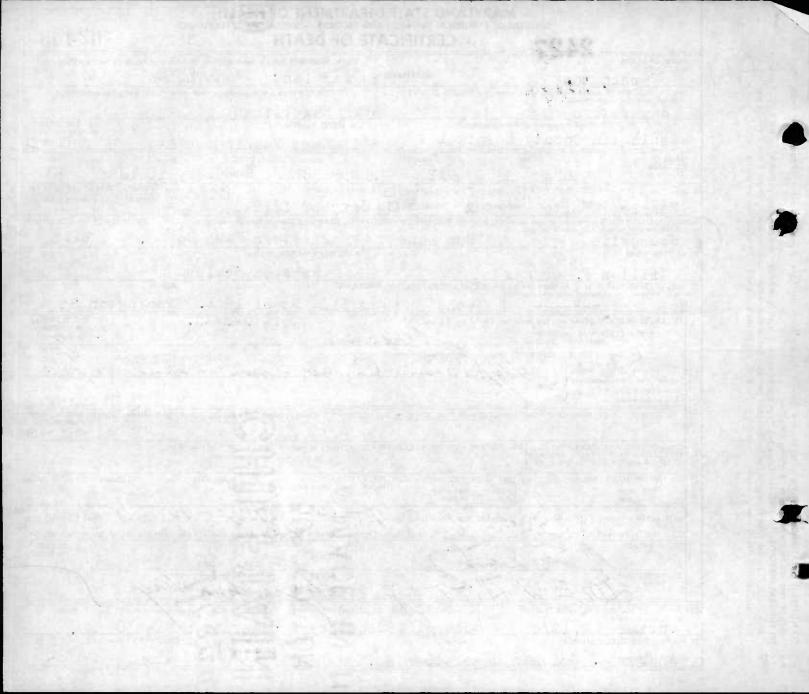
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)	1, 9	LACE OF DEATH	ngton	ID 2	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Washing ton							
	Ь		CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)							est tawn)		
		Hagerstown			Hagers	stown		0		700		
	c	OR INICTITUTION	AL (If not in haspital, gi			-	d. STREET ADDRESS				e.	IS RESIDENCE
	V	ashingto	on County	Hos	pital		12 East Washington St					
		3. NAME OF Firs			Middle		Last	4. DATE OF	Ma		Day	Year
	(Type ar print)	RHODA		MAY	H	JNSBERGER	DEATH	Feby			19
	5. \$	5. SEX 6. COLOR OR RACE 7. MARR		7. MARR	RRIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER		F UNDER 24 HRS
		Female	White	WIDOWE	D DIVORCED		Jany 20 18	379	last birthday) 82 yrs	Manths	Days	Haurs Min.
	100	USUAL OCCUPATIO	N (Give kind af wark di	ane 10b.	KIND OF BUSINESS OR IT	NDUSTR	Y 11. BIRTHPLACE (Stat	e ar foreign o	country)	12. CITIZ	ZEN OF V	WHATCOUNTRY
		Housewi:			Own wome		Hagersto	own We	ash Co	Md.	1	USA
	13. 1	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
William F. Cramer Rebecca Semler								emler				
7			IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	7. INFO	RMANT			dress		
	-	, no, or unknown)	If yes, give war ar dotes of ser	vice)	Mone	Mir	s Elda Sta	ahl 1:	BE. Wa	shing	ton	St
	H		TH Enter only one cau	na nas lia	10 7		-	rstow		2		VAL BETWEEN
			TH WAS CAUSED BY:	ise per iin	ie far (a), (b), and (c).]		· · · · · · · · · · · · · · · · · · ·	T S COM!	11 24.01.		ONSE	I AND DEATH
		TAKI II DEA	IMMEDIATE CAUSE (a)		Mr	Relo	nea	-			9	- Lynn
		THEY DUE TO // TO										
		Canditions, if a		Log	hertersivo	(arolis 6	0200	lov d	24	10	good
		gave rise to in cause (a), stating t		//							1/	
		lying couse last. (c)										
	Z	PART II. OTH	ER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GI	VEN IN PART	1(0) 19.	WAS AUTOPSY
	ATI											PERFORMED?
	CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	20Ь. DESC	RIBE HOW INJURY OCCU	JRRED.	Enter nature of injury in	n Part I ar Pa	rt II af item 1B.)		-	
		(IF EITHER, NOTIFY	CAUSE OF DEATH									
	CAL	20c. TIME OF INJUR	Y Manth, Day, Yea		NJURY OCCURRED 200		OF INJURY (Hame, for		y or tawn)	(0	aunty)	(State
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 at wark at war												
			. (1) (4) 1 - 1 - 1 - 1			1	-50-	11.	2-10	10	/ 11	. //> / > 1
		21. 1 certify that (1) (this haspital) attended the deceased from 1961, to 1961, that (1) (we) los										
		sow the deceased of the one of the dots stoted obove 22a. SIGNATURE 22b. DATE										
1		220. SIGNATURE	1 5001	0:	1		ATTENDING	MED.	STAFF PHYS.			SIGNE
/		22- BUYGIGIANUS	1 por	2	my	М.		DIRECTOR	PHYS.			
		22c. PHYSICIAN'S NAME (Type) TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTA										
		N	111- W	dy	ille	2	1/1/20	capu	in n	7		
	23a.	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CHIEFTERY OR CREMATORY 23d. LOCATION (City, town or county)									(State)	
		REMOVAL (Specify) Burial	2/12/61		Rose will	Ce	meterv	Hager	stown	ash C	0 14	d.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE											
6	Andrew K. Coffman Hagerstown Nd. DATE 58 14'61 Carling & 4-											
		11012 0 11	007711177	44 440	18010 00 :11	- U6 0	1 - 7 -			arthug	- /	4-6

TO HOSPITAL OR ATTENDI VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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							0.0 10 2		
o. COUNTY ashington		MARYLA		o. STATE		YTAUC	ce before odmission)		
b. CITY OR TOWN (If outside corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF o			give nearest town)		
RURAL and give nearest lawn) Hagerstown	191	18 Mos		Hagers	stown	03			
d. NAME OF HOSPITAL (If nat in haspital, g	give street a	- 1100		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
2377 Penna Ave				2377 Peni	na Ave		YES NO		
3. NAME OF DECEASED (Type or print) GLADY		Middle MA Y	J	Lost A MES	4. DATE OF DEATH Febr	Month uary 20	Doy Yeor 1961 19		
S. SEX 6. COLOR OR RACE	1	ED NEVER MARRIED	☐ B.	DATE OF BIRTH	9. AGE (In	yeors IF UNDER	1 YEAR IF UNDER 24 HR		
Female White	WIDOWE	DIVORCED [5	April 6 19	04 lost birt		Doys Hours Min.		
Oa. USUAL OCCUPATION (Give kind of work	done 10b. K	IND OF BUSINESS OR I	INDUST	Y 11. BIRTHPLACE (State	or foreign country)	Pa 12.CITI	ZEN OF WHAT COUNTRY		
during most of working life, even if retired Housewife	,	Own Home		Somerset	Semerset	Co	USA		
3. FATHER'S NAME		1101011	100	14. MOTHER'S MAIDEN N	IAME		V 2004		
Ezrom Evans				Elizab	eth				
S. WAS DECEASED EVER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INF	DRMANT		Address			
(Yes, no, or unknown) (If yes, give war or dates of the state of the s	438-		Fre	d J. James		Penna A	•		
IB. CAUSE OF DEATH Enter only one co	use per line	e for (o), (b), and (c).]		Hagerst	own Md.		INTERVAL BETWEEN ONSET AND DEATH		
PART 1. DEATH WAS CAUSED BY:	1	Myocardial	LI	farction			2 hours		
DUE TO									
Conditions, if ony, which) (b	Arte	eriosclero	otic	heart dis	sease		1 year		
gove rise to immediate couse (a), stating the under-									
lying cause lost. (c)									
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO									
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED.	(Enter nature of injury in I	Port I or Port II of item	18.}			
20c. TIME OF INJURY Month, Day, Ye Haur o. m. 19	or 20d. IN While ot work	Not while	De. PLAC focto	E OF INJURY (Home, farm ry, street, office bldg., etc	20f. (City or town)	(0	Caunty) (State		
21. I certify that (I) (this haspita	l) attende	ed the deceased fr	am	L951 19	102/20/	61 19	, that (I) (we) las		
saw the deceased alive and 2				ath accurred at 9	Of fram the caus	ses and an the	e date stated above		
22a. SIGNATURA		1		A.I	M •		Out 26. DATE		
spark to	in	9	M.	D. PHYS. DI	ED. STAFF RECTOR PHYS.	0 (9)	Jan Jan		
22c. PHYSIC ARI'S NAME (Type)	2	7		22d. ADDRESS		And	1 mel 4		
S. Earl Moun	g M.	D		148 N. Po	tomac St.	, Hage	stown, Md.		
23a. BURIAL, CREMATION, 23b. DATE THEREC	OF .	23c. NAME OF CEMETE	ERY OR	CREMATORY	23d. LOCATION (City,	town, or county)	(State)		
Burial 3/22/61		Rose Hill	l Ce	metery	Hagerst	own, Mar	yland		
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		2Sa. REC'	D BY REGISTRAR 25	b. REGISTRAR'S SI	GNATURE		
Andrew K. Coffnah	Hage	erstown Wa	sh	Co Md. DATE F	EB 2 3 '61	arthur 2	8. Thans		

moy be retained by the house of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death.

TO HOSPITAL VR A15 (4) 1SM 9/S9

r death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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arthur S. Hours

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1	-
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may be revained by the hat price are attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 77 thours after death.

PHYSICIAN: The law requires that the death certificate be exe

TO HOSPITAL

VR A15 (4) 1SM 9/59

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Board	
State	5
the	a.V
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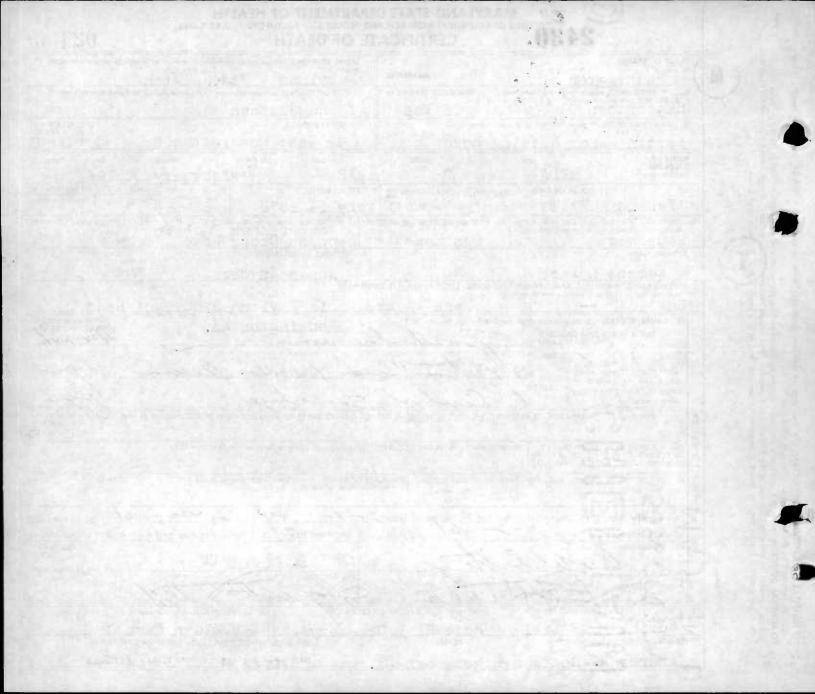
Andrew K. Coffman Hagerstown Md.

		2423		CEKIIF	ICATE	OF DEA	IH		302	5			164	UU
1.	PLACE OF DEATH COUNTY Washing	rton		MARY	The same of the sa	usual RESIDENCE o. STATE Maryle			Wash	UNTY	on: Reside	ence befo	ore admiss	ion)
	CITY OR TOWN (I	autside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	V (If ou	tside corpo	rate limits, v	vrite RI	URAL onc	give ne	arest town	1)
				10 Hrs	3	Hager	rst	own		57	V	3		
		atown AL (If not in haspital, g		address)		d. STREET ADDRES		lber	rv St	t.		1		FARM?
3.		Fit		Middle	- 11	Last		4. DATE		Mont	th	De	nv -	Year
	NAME OF DECEASED (Type or print)	MARY		BENDER		KING		OF DEATH	Febr		196		-/	19
S. S	EX	6. COLOR OR RACE	7. MARE	IED NEVER MARRI		ATE OF BIRTH			9. AGE (In	years			-	ER 24 HRS
	Female	White	WIDOWI		_	nor 37 18	883	W. 1	last birth	doy) yrs.	Months	Doys	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of wark	done 10h.	KIND OF BUSINESS C	- AA	11. BIRTHPLACE ((State o	r foreign co	ountry)		12. CI	TIZENO	F WHAT C	OUNTRY
	Housewi	ing life, even if retired	1)	Own Home		Sharpsh	hiir	or Wa	sh Co	M	d	US	SA	
13.	FATHER'S NAME			04411 110100	1	4. MOTHER'S MAIL			511 00	,	us		J4.X	
	Jeach	Bender				Barba	a 22 0	Δ	Johns	200				
15.	WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO), 17. INFO		a. I ci	, δλ μ	Ouna	Addr	ress			
(Ye	NO	(If yes, give wor or dates of s	service)	4-09-619	2 1/10	s Flizal	ha+	h K4	ng 28	B N	a Nia	ılbe	2 22 22 22	0.4
-		TH [Fater only one or	oure per li	ne for (o), (b), and (c).						3 1/4	O MIL		ERVAL BE	TWEEN
		TH WAS CAUSED BY:	10	ne tot (o), (b), and (c).	1/2	Hagers	TOW	n Ma	•				SET AND	
	> > 1	IMMEDIATE CAUSE (ourga	KILM	and a	7					(3 re	una
	23	DUE TO	1	1 0	a.J.									
	Conditions, if a gave rise to it	mmediate (enteral c	uni	isecen	and and	-						
	cause (a), stating													
z	lying cause lost.) (c	(2)	CONTRIBUTING TO DE	ATU BUT NO	T DELATED TO THE	TERMIN	IAL DISEAS	E CONDITIO	NI CIV	CENT INT D	A DT 1/-)	10 \A/AS	ALITOPSY
CATION	Cal	'accinema	L D	augneli	all BUT NO	Vater	IEKMIN	AAL DIŞEAS	E CONDITIC	IN GIV	EN IN FA	AKI I(G)	PERFC	RMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (I	Enter noture of inju	ry in Po	ort I or Par	t II of item	IB.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED Nat while k at work		OF INJURY (Home, , street, affice bldg			ar town)		356	(County)	(Stote)
~		it (I) (this haspita	_	led the deceased	fram		19	53.ta_	8 -	fel		6/,	hat (I) (we) las
	saw the deceas	ed alive an	to	1961, and	that dea	th occurred at:	24	M, fram	the caus	es an	d on th	he date	e stated	abave
220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.								22	b. DATE SIGNED					
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS								
230	BURIAL, CREMATIO	N, 23b. DATE THERE	OF	23c. NAME OF CEM	ETERY OR C	REMATORY		23d. LOCA	TION (City,	town,	or county	')	(Sta	te)
E	REMOVAL (Specify)	2/11/61		Rest Hay	ven C	emeterv		Hage	rsto	vn	Was	h ar	Ma	
-	FUNERAL DIRECTOR	S SIGNATURE	Town 1	ADDRESS			REC'D	BY REGIS			STRAR'S		JRE	•
	Andrana I	7 Carena	LI		7	DAT	TE S	1 1 4	'61	C	Irthur	8 46	a card	

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 2430 CERTIFICATE OF DEATH

4	PLACE OF DEATH O. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Maryland Washington							
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 5 Yrs	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Hagerstown							
6	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Martin Manor Nursing	et address)	d. STREET ADDRESS	Washington St	e. IS RESIDENCE ON A FARM? YES NO T					
5.0	3. NAME OF First DECEASED (Type or print) BEDA	Middle	Lost a.MAR	4. DATE Month	Day Year					
	5. SEX Female 6. COLOR OR RACE 7. MA WIDOW	RRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Feby 14 18	9. AGE (In years IF UNDER 1 last birthday) Manths D	1961 19 YEAR IF UNDER 24 HRS. Days Haurs Min.					
100. USUAL OCCUPATION (Give kind of work done of work done of work done of work done of working life, even if retired) Housework Own Home Lappans Cross Road 12. CITIZEN OF WH. Lappans Cross Road 13. FATHER'S NAME										
	MATENE LaMAT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1/19x, no, or unknown		Annie FORMANT 's Viola Wa	Address	oad					
	18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) (b) (b) (b) (c) (c) (c) (c)									
	ICATIO		Eyel, Sline	AINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO					
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20c. INJURY OCCURRED Mhile at wark at									
	21. I certify that (I) (this haspital) attended the deceased fram 2 1961, that (I) (we) last saw the deceased elive an 2 1961, and that death accurred at 2 M, fram the causes and an the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF SIGNED 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (1) (1) (we) last saw the deceased fram 2 M, fram the causes and an the date stated above. 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (1) (me) last above. 22d. ADDRESS									
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/22/61	Rose Hill C	emeterv	23d. LOCATION (City, tawn, 6r caunty) Hagerstown Wash	(State)					
	24. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman 1	ADDRESS		ED 23 '61 Cathur 8.						



VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1 MARE

BALTIMORE 1, MARYLAND

HISHICAL KESEAKCH	MIAD	KECOKD.	- DALIN
CERTIFIC	ATE	OF [DEATH

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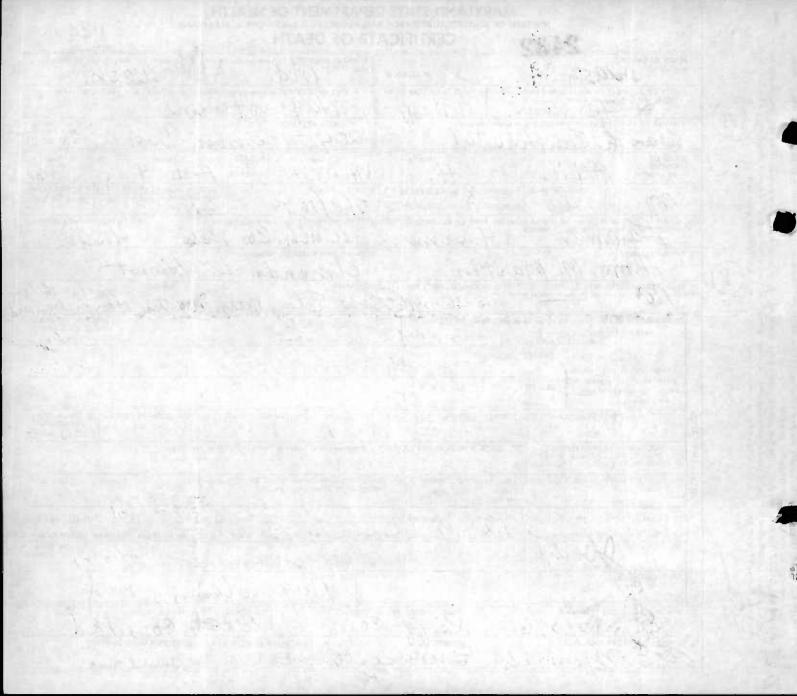
		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be	efore admission)
	0	COUNTY WAShing of the MARYLAND	o. STATE Ponna, b. COUNTY Adam	V
	b	. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	1	CILLIAMS DOTT 5420 4M 00	Face Hemile	
d	d	NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
a.		Williamshort Sautarium	/ 5 X -:	YES NO
J	3. N	IAME OF \First Middle	1 Last 4. DATE Month	Day Year
	(Type or print) Dr. Honace Warten 1	rightner DEATH February	11 1961
	5. S	The state of the s	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YE.	AR IF UNDER 24 HRS. s Hours Min.
	1	nale white WIDOWED DIVORCED	Oct. 28, 1869 9/ 415. 3 13	
	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote of foreign country) 12.CITIZEN	OF WHAT COUNTRY?
		Jentist Dentist	AANdisburga Pa. 14.5	<i>i.H</i> ·
1	13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		William Lightner	Martha (Unknown)	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN no, or unknown (If yes, give war or dates of service)	JEORMANT Address	1 1- 1
		No None	Druce nightner Williams po	rt, Ind
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		NTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	neumonitus	3dres
,		402 DUE TO		1
		Conditions, if ony, which) (b)		V
		gove rise to immediate Couse (o), stating the under-		
		lying couse lost. (c)		
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED?
		Generalized At	heroschoos's	YES NO
	CERTIF	200. ACCIDENT WAS UNDERLYING A CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (Stote)
	MEDICAL	Hour o. m. While Not while of work of two to the control of two to two to the control of two to the control of two to the control of two to two to the control of two two to two to the control of two two to two to two to two to two to two to two tw	ctory, street, office bldg., etc.)	
	<		Aug 1 1028. 706 11 10/1	Ab - A (1) () 1 .
		21. I certify that (I) (this haspital) attended the deceased from.	120	that (I) (we) last
		saw the deceased alive an Teb 1961, and that a	death accurred at 13 f.M, fram the causes and an the do	22b. DATE
			M.D. ATTENDING MED. STAFF PHYS. MED. PHYS. OF THE PHYS. OF T	2-12-61
1		22c. PHYSICIAN'S NAME (Type) ME, BYKIT	Williamsgort	Ma
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 3c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
]	REMOVAL (Specify) Feb. 14-61 Rose Hill	Cemetery Hagerstown Md.	
	_	FUNERAL DIRECTOR'S SIGNATURE / 91-11 ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	
4	/	Ille A Rof Williamsmort	DATE FEB 1 5 '61 Onthun & A	traces

THE RESTRICTION OF THE PARTY OF

TO HOSPITAL

VR A15 (4) 15M 9/59

		249	9	CERTIFIC	CATE	OF DEAT	Н		0.640	0
	COUNTY	254.		MARYLA		USUAL RESIDENCE (Where deceased lived.	If institution: Reside	Sh,	on)
	RURAL and give no	gest town)	un	LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL ond		
į	d. NAME OF HOSPIT	AL (If not in hospite	Hospit	Q /	16	d. STREET ADDRESS	Penna.	ave	e. IS RESI	FARM?
	NAME OF DECEASED (Type or print)	Adin	First	# Middle	M	ARTIN	4. DATE OF DEATH	eb. 9		ear 961
5. 5	m	6. COLOR OR RA	WIDOWED	DIVORCED	5 7	1/8/189	9. AGI last	E (In years birthdoy) Months yrs.	R 1 YEAR IF UNDER	Min.
	during most of war	ON (Give kind of wo	ork done 10b. Kilylired)	OF BUSINESS OR I	INDUSTRY	Wash	ote or foreign country)	d . 12. CI	1.S.A.	DUNTRY?
	FATHER'S HAME	-	narti	'n		aman Aman	da L.	How		
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED I		-36-7296	7 NFOR	s. Ele	abetly ?	narty 1	7045 Tagest	Pa. a
	1B. CAUSE OF DEA	TH WAS CAUSED E	Y: (o) (or (0), (b), and (c).]	Thre	retris			INTERVAL BET	WEEN DEATH
	Conditions, if o	mmediate	(b) Con	may a	lite	usiler	vois	200	Year	ra
z	lying couse lost.)	(c)	TRIBUTING TO DEAT	U DUT NOT	DELATED TO THE TE	BANNAL DISTASS CON	DITION COUTS IN BA	DT V-) 10 MAS A	HITOREY
CERTIFICATION	NO FINE						RMINAL DISEASE CON		PERFOR	RMED?
	(IF EITHER, NOTIFY	MEDICAL EXAMINE	TH (ER)				in Port I or Port II of i			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.		Year 20d. INJUR While of work	Not while		OF INJURY (Home, fi street, office bldg.,		(2)	(County)	(Stote)
	21. I certify the		ital) attended	the deceased fr		. /2	M, from the	auses ond on the	o, that (I) (v	
	220. SIGNATURE	Duil	sn		M.D.		MED. STA	FF. 0 27	10/6/20	SIGNED
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS	reistor	vy, V	nd	
230	REMOVE (Specify)	DN, 23b. DATE THE	G/ 23	Re. NAME OF CEMETE	ERY OR CR	EMATORY /	23d. LOCATION (Gity, town, or county	md)
24.	FUNERAL DIRECTOR	S SIGNATURE	ich-	Dreen	ces	the DATE	EB 1 4 '61	25b. REGISTRAR'S S		



VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		DIVI	SION OF	STATISTICAL	RESEARCE	AND	RECOR	DS —	BALI
9	4	33		CE	RTIFIC	ATE	OF	DE	ATH

1	16)	11	10	1
_	16	41	1	1

1.	o. COUNTY	Washingto	n	MARYLAND	2. USUAL RESI 0. STATE	DENCE (Where d		If institution. COUNTY		sh.	lmission)
1	Hagerst			c. LENGTH OF STAY IN 16 55 years	30 3	rown (If outside gersto		nits, write RL	JRAL ond	give nearest	town)
		AL (If not in hospital, g gton Coun			d. STREET A		St.		1 TV	0	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	David Fin	st	Roszel Mc	Connell		DATE OF DEATH	Mont	Feb.	Day 6,	Yeor 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED August 2, 1877 8. AGE (In years gas birthday) Months Doys 7. MARRIED Months Doys 7. MARRIED NEVER MARRIED August 2, 1877 8. AGE (In years gas birthday) Months Doys 7. MARRIED NEVER M										-	
10	o. USUAL OCCUPATION during most of work	ON (Give kind of work or king life, even if retired)		KIND OF BUSINESS OR INDI		ACE (Stote or for		, Pa		ZEN OF WH	AT COUNTRY?
) 13	. FATHER'S NAME	David Mc	Conn	el1	14. MOTHER'S	MAIDEN NAME	Marga	aret	S. E	ender	
		R IN U. S. ARMED FOR Ilf yes, give war or dates of st		SOCIAL SECURITY NO. 17. 1		H. Mc	Connel	Addr Ll, H		stown	n, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulminary embolus or coronary embolus INTERVAL BETWEEN ONSET AND DEATH minutes										
	Conditions, if ony, which gove rise to immediate cause (o), stoting the under-lying cause lost. DUE TO Arteriosclerotic heart disease [b] DUE TO (c)										
NOITA	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PROPERTY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MAN AUTOPSY PERFORMED? YES NO MAN AUTOPSY PERFORMED?										
CEPTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR Hour = c= m. = p. m.	Y Month, Doy, Yed	- While		LACE OF INJURY		of. (City or tow	vn)		County)	(Stote)
	21. I certify that saw the decease	st (I) (this haspital $F\epsilon$) attend	led the deceased from 17,6 1961 that	9-21-55 death accurre	2;31PM	to Feb	ruary	y 6,6	1 dote sto	l) (we) lost
	220. SIGNATURE	ATTENDIN	G MED.	OR STA	FF F	'ebru	ary 7	226. DATE 1961			
	22c. PHYSICIAN'S NAME (Type) Robert F. Keadle				318 North Potomac Street, Hagerstown					rstown	
2:	REMOVAL (Specify)	2-8-61	F	Fairview C			LOCATION (, ,		(Stote)
2	Scott F.		& So	n, Hagersto	wn, Md.	2So. REC'D BY DATE	REGISTRAR 10'61	2Sb. REGIS		S. Kwa	

AND AND REAL PROPERTY OF THE PARTY OF THE PA AND LOCAL PROPERTY OF THE PARTY the complete the secretary are an old tropped to the product of Man 190 d area remoted throat set

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

ODALA

	2434 CERTIFICATE O	OF DEATH
	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USU o. 51	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) TATE b. COUNTY Washington
4)	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. C.	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
/	RURAL and give nearest town)	
21	d. NAME OF HOSPITAL (If not in hospital, give street address) OR (INSTITUTION d. S	Rural Hancock STREET ADDRESS e. IS RESIDENCE ON A FARM?
9	Washington County Hospital	Rural 1 Hancock Maryland YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
		Cullough DEATH 2 11 19 61
	Z	lost birthdoy) Months Doys Hours Min.
	M White WIDOWED DIVORCED 6.9	1889 71 yrs. 12.CITIZEN OF WHAT COUNTRY)
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	Wild Life Field Sup. Same M	OTHERS MAIDEN NAME U.S.A. U.S.A.
=	13. FATHER'S NAME	
	Dr. William H. McCullough	Catherine Rockwell
	(Yes, no, or unknown) (It yes, give war ar dates of service)	Ma.
		Ruth McCullough Rural 1 Hancock
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Massive Pilmonary	Embolus less than 24 hrs.
	PART I. DEATH WAS CAUSED BY: Massive Pulmonary	Embolus less than 24 hrs.
	DUE TO	
	Conditions, if any, which (b) (b)	
	couse (o), stoting the under-	
	lying couse lost. (c) (c)	ATER TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 10 WAS ALTOPSY
1	Cerebral Thrombosis, right temporal	region with left sided PERFORMED?
,	Themiplegia: diabetes mellitus: arte:	riotamenicoscierosis
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	notice of injury in contract contract new tary
		NJURY (Home, form, 20f. (City or town) (County) (State
	Mhile Not while	set, office bldg., etc.)
	21. I certify that (I) (this stress prob attended the deceased from Peb.	5 12:20 am. 19 61 that (1) (w) las
	saw the deceosed olive an Feb. 11 1961, and that death o	ccurred ofM, from the causes and on the date stoted above
1	M.D. PH	TENDING MED. STAFF SIGNEE
	22c. PHYSICIAN'S W. T. Layman, M.D.	ADDRESS 100 Professional Arts Bldg. Hagerstown, Maryland
0	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMA	
161	REMOVAL (Specify) 2-111-61 Mt OlivetCemete	Hancock Washington Md.
1.8	24. FUNERAL BIR GOL'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
-	Howard & Glore Hancold m	DATE FEB 17'61 arthur S. Kraus

HERSON STANFORD Hood Street Street Street Street Street Street I briefer I december to food to the factor of the food of the food of the first of the food of the first of the food of the fo id the second second second second second Transfer Boston Ball Company of the The condition of the Carlot Report Service Condition of t THE RESERVE OF SHARE STATE OF STREET, STATE OF S NEST PROPERTY OF THE PARTY OF T Porter C. M. Cl. "C Tire Stepenson . bil mo? in interit star sidalla

1. PLACE OF DEATH a. COUNTY

NAME OF DECEASED

(Type ar print)

RURAL land gire

d. NAME OF HOSPITAL

b. CITY OR TOWN (If autside calporate limits, write

negrest town)

First

MARYLAND

c. LENGTH OF STAY IN 16

Middle

a. STATE

MOWEN

STREET ADDRE

e. IS RESIDENCE

Day

27

YES NO

Year

196

2. USUAL RESIDENCE (Where deceased lived. If in Liturian: Residence before admission)

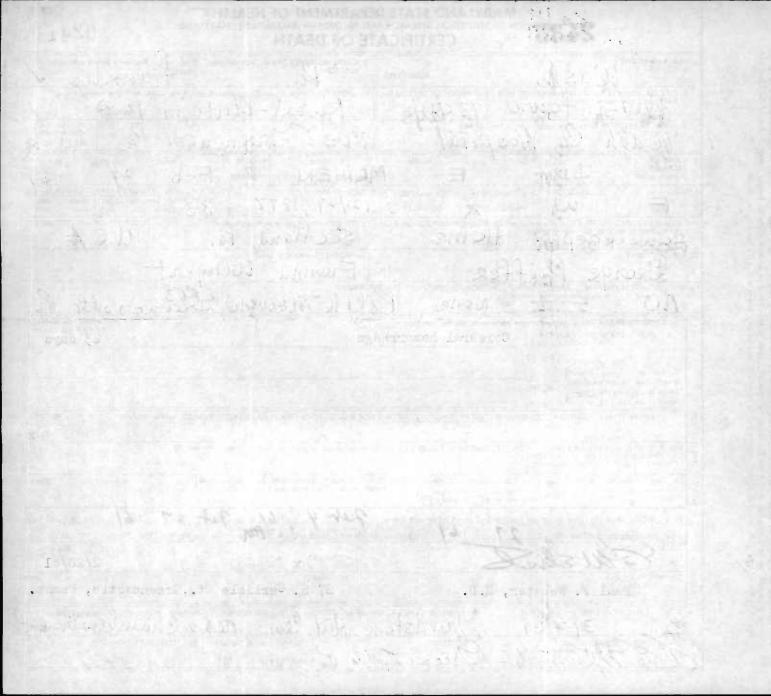
c. CITY OR TOWN (If putside constrate limits, write RURAL and give nearest tawn)

4. DATE OF DEATH

b. COUNT

Month

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the may be retained by the highest an attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely forces a should be detached far use as the burial-tronsit permit. Then please remave corbon papers. Pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after dealth the state of Health prior to burial.		5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12/29 1877 8. DATE OF BIRTH 9. AGE (In years let birthday) WIDOWED DIVORCED 12/29 1877 9. AGE (In years let birthday) Manihs Days Haurs Min.
		10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Howe Scotland Fa. 12. CITIZEN OF WHAT COUNTRY?
ician are corbo		13.	Leorge Perffer Franza Wingert
ing physic remay		100. USUAL OCCUPATION (give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cognity) 12. CITIZEN OF WHAT COUNTRY? 12. ATHERS NAME 12. ATHERS NAME 13. ATHERS NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH Enter only one couse per line for (g), (b), and (c). 19. MARCHARD AND AND AND AND AND AND AND AND AND AN	
the death e attendine nen pleas id in any			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage 23 days
gned by th permit. The			Canditians, if ony, which gove rise to immediate (b)
physician. physician. as been si ial-tronsit atian, ar r	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
IAN: TI rending ficate h the bur al, crem			OR CONTRIBUTING CAUSE OF DEATH
PHYSIC al ar at this cert r use as to buri		MEDICA	Haur a. m. While Nat while factory, street, affice bldg., etc.)
R: After ached fa			saw the deceased alive an 27 1961, and that death accurred at 1590 mpm the causes and an the date stated above.
ATTI ed by the RECTO! be detected	1		Y GUL ELIS M.D. ATTENDING MED. STAFF PHYS. □ 2/28/61 PHYS. □
PITAL C retain RAL DI should te Boar			NAME (Traul F. Webster, M.D. 27 S. Carlisle St., Greencastle, Penna.
may be o FUNE			BOVAL (Specify) 3/2/61 Drundstone Hill Club. Near Chambersburg 1
VR A15 (4) 15M 9/59		24.	FUNEBAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SI



er death. Page 4

d within 24 haur

PHYSICIAN: The law requires that the death certificate be exc

TO HOSPITAL OR ATTENDE

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 2436 CERTIFICATE OF DEATH

	1. F	LACE OF DEATH COUNTY Washington	ARAYLAND O-STAME TY AND INTERVAL ON GIVE INTERVAL OF STAY IN 16 O-STAME TY O-STAME TY			
	t	RURAL and give nearest town)			A	give nearest town)
	(NAME OF HOSPITAL (If not in hospital, give street NAME OF HOSPITAL (If not in hospital, give street)	t oddress)	d. STREET ADDRESS		ON A FARM?
		DECEASED			OF	
		b. COUNTY Washington b. CITY OR TOWN If outide corporate limits, write c. LENSTH OF STAY IN 1b BURAL load give enearst form. d. NAME OF POSSTAL (If no in hospital, give street oddress) OR POSSTAL (If no in hospital, give street oddress) O				
	100	during most of working life, even if retired)				ZEN OF WHAT COUNTRY?
1	3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
X		Jousha Dale		Lottie St	ambaugh	
			. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	(145		none F	rank A. Mull	enix Hazerst	own. Md.
		BART I DEATH WAS CAUSED BY		rhage		ONSET AND DEATH
(Yes, no, or unknown) (If yes, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under: lying couse lost. (If yes, give wor or dotes of service) none Frank A. Mullenix Hager Core bral Hemorrhage DUE TO (b) Arteriosclerotic Heart Disease. DUE TO (c) Adenomarcinoma transverse colon			5 years.			
	ATION	lying couse lost. (c) AQ				T 1(o) 19. WAS AUTOPSY PERFORMED?
	Interval Betain Interval B					
	MEDICAL	Hour o. m. While	Not while fo		20f. (City or town) (0	County) (Stote)
b. COUNTY Washington b. CITY OR TOWN (If ourlide corporate limits, write and corporat	1,1,					
		S. Earl Koung M.		148 N. P		erstown, M
		REMOVAL (Specify)				(Stote)
1						Chiatupe
1				CED 1		
E	~	South Minnich & So	n Hagerstow	n, Md. Drieb 1	Circumo S. The	AUS

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MARVIAND STATE DEPARTMENT OF HEALTH

MA	KILAND SIAIE DEN	AKIMENI OF HEAL	in .	
DIVISION OF STATISTICAL RES	EARCH AND RECORDS,	301 W. PRESTON STREET	, BALTIMORE 1,	MARYLAND
DIVISION OF STATISTICAL RES	CERTIFICATE	OF DEATH		112413

- 1:					
	I. PLACE OP DEATH		NCE (Whare daceased fived,		denca befora admission)
H	Washington MARYLAND	a. STATE	ь. co vland		ington_
1	b. CITY OR TOWN (if oulsida corporete limits, c. LENGTH OF STAY IN 1b	CITY OR TOWN	(If outside corporete limits, w	rite RURAL and gi	ve nearest town)
	Hagerstown 1 week	PS Harray	stown (Ham	ilton H	Intol)
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRES	S COWII (IIIIIII	TILCON D	a. IS RESIDENCE
1		92 West	Washington	Stroot	YES NO X
-	Washington County Hospital 3. NAME OF First Middle	Last	4. DATE Mo		les Les Ma
1	DECEASED		OF		
_		urray	T. CD		1961
	IVI 3	. DATE OF BIRTH	last birthday		AR IF UNDER 24 HRS.
		ale .	L886 74 yrs.	1 7 1 11	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad)	Y 11. BIRTHPLACE (Co	unty & Steta, or foreign country		OF WHAT COUNTRY?
	Ret'd Track Foreman Railroad	Md.		U.S	5. A
	13. FATHER'S NAME	14. MOTHER'S MAIDE	N NAME		
	Stephen Franklin	Susan I	Mills		
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT		055 7 4 - 7	C+
	(Yes, no or unkown) (Ifyasgive werordelas of sarvice) 705 10 5914 S	usan Muri		älisbur	y ot.
	18. CAUSE OF DEATH [Enter only ona ceuse per line jos, (e), (b), end (c).]		ay William		INTERVAL BETWEEN
	PART I DEATH WAS CALISED BY.	/			ONSET AND DEATH
	IMMEDIATE CAUSE (a) / 92/ Fon 1	7.1			Sary
	DUE TO	,		1	5 day
1	Conditions, if any, which (b) Chule cyse	-tumy			2 char
	gave risa to immediate cause (a), stating the underlying DUE TO				
	cause test. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE CONDITION	SIVEN IN PART 1(e	19. WAS AUTOPSY PERFORMEO?
					YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter natura of injury i	in Part I or Part II of item 18.)		
Н	OR CONTRIBUTING □ CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, fa	orm, ' 20f. (City or town)	(County)	(Stete)
1	Hour s.m.	tory, street, office bldg., a	itc.)		
1		1 000	7 /-		
4	21. I certify that (1) (this hospital) attended the deceased from.				
	saw the deceased alive on	death occured at	FM, from the cause	s and on the	
1	22a. SIGNATURE	ATTENDING	MED. STAFF		22b. DATE / SIGNED
1	I worthouteander N	I.D. PHYS.	DIRECTOR PHYS.]	2/14/61
	ZTC. PHYSICIAN'S 2-1/1 9 H ROLL	22d. ADDRESS		2/	1. /
	Lan AMOach Cr	in Hay	sezition a	1001.	
4	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY UT	h 23d. LOCATION (City,	9 1	(State)
1	Burial Feb. 11-61 Parkhead E.	U. B Ceme	tery Near Ha	ncock P	10.
	24 FUNERAL DIRECTOR'S SIGNATURE A ANTI-ON - ADDRESS A	1		REGISTRAR'S SIG	NATURE
	Myst XXtaf Williamsport, "	A. DATE	FEB 1 4 '61	arthur 8	4
l.		1 131116		- Comme	(VS-VIA

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cute the cer forwarded to FUNERAL or removal.
TE TE
TO DEPUTY IntelICAL EXAMPLES: This certificate should be executed within 24 hours after cute the certificate, write the ward "pending" in pencil in Item 18. Give Pages 1, 2, an forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and or remawol.
VS. A15ME(5) 5M 9/55
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

		. COUNTY		N	MARYLAND	O. STATE			Υ		fore admi	
	b	and give nearest town)		RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corp	orate limits, write				
	d	. NAME OF HOSPITA	L OR INSTITUTION (f not in ho		d. STREET ADDRESS	CANDER	ST.	1		ON	RESIDENCE A FARM?
	3. 1			it	Middle	Lost	4. DATE	Mont	h	Day		Year
1			FRANKLI	N	PUSSELL	MYFPS	DEATH	FFFF	WAP			19 67
	5. S	EX	6. COLOR OR RACE	7. MARR	NEVER MARRIED B	DATE OF BIRTH		9. AGE (In years	-			ER 24 HRS.
		MALE	WHITE			4/01/19	113	517 yrs.	Months	Days	Haurs	Min.
	10a.	iuring most at warking	lite, even it retired)	dane 10b.	RAIL ROAD	122 6		ountry)	12. CF		F WHAT	COUNTRY?
7	¥3.	FATHER'S NAME				1					-	
1	1					ALICE	VA. H	ICKS				
	15. (Yes,	no, or unknown)	R IN U. S. ARMED FOI If yes, give war or dates of	RCES? 16			1/ 1/17		GER	STRV	N	
	H		M [Enter only one cour	e per line		MRS. EDNA	M. MY	EKS				
		PART I DEATH	WAS CALISED BY.				0 - 11			ONSI	T AND DE	ATH
		Down		Del	f inflicted Gur	ishot Wound	Uf Head	With		- In	stan	ıt.
		Canditians, if an		Maga	ivo Inconstions	Of Broin						
		gave rise ta immedi	ate cause (a55	1.ve =aceraciona	or brain.						
		couse last.	(c).									
	NOL							CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY DRMED?
ø	Ş.	Patient I	Had been ra	ather	despondent for	some time	past.				YES 🗔	№ □
-		PRIMARY TO ON CAUSE OF DEATH.	IKIBUTING LI				rt I ar Part II c	of item 1B.)				
	3			r 20d.	INJURY OCCURRED 200. PLAC	E OF INJURY (Home, form	n, 20f. (City	ar tawn)	(Co	ounty)		(State)
	MED	p. m.	2-12- 19			1 1		retown W	Vachi	noto	n 3/	ra
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ya. no. or unknown) Iff yor, give were or delete of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Additing GERSTOWN 705-10-4654 MRS. EDNA M. MYERS NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Self inflicted Gunshot. Wound Of Head With Inst DUE TO Canditions, if any, which gove rise to immediate cause (o), stating the underlying (co) FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. W PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. W PRES 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO COURSED CONTRIBUTING TO WOUND. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED CONTRIBUTING TO WORK MILE Not while of work of work Mile Not while Not while Not while Not while of work Mile Not while Not while Mile Mile Mile Mile Mile Mile Mile M												
		death resulted	from: Natural o	auses [Accident [], Suid	ide 🕞, Homicide	e 🔲, Un	determined c				
ı		ACTUAL SIGNATURE	SUL	Will.	2.	M.D. CHIEF MEDICAL E	XAMINER [DATE S	IGNED
		EXAMINER'S NAME (Type) Dr	E. W. Di	tto.	Jr.			_ 2_7	17-61			
	220.	BURIAL, CREMATION			22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATI	ION (City, town, o	or county)		(State	e)
b. CITY OR TOWN If envise separate limits, write BURAL and generate limits, write BURAL and generat	MI)										
	23. 1	MERAL DIRECTOR'S	SIGNATURE	1	How sila.		FEB 2 0	AR 24b. REGIS	TRAR'S SI			
			CLUM- VI		1 sime w	C. John						

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243	O	CERTIFICATE	OF DE	ATH

1	1. PLACE OF DEATH		MARYLAND	o. STATE	b. COUN	IY	ore admission)
/	b. CITY OR TOWN (If	outside corporate limits, write	c. LENGTH OF STAY IN 16				earest town)
	d. NAME OF HOSPITA	MAR	SINCE 6-1-57	d. STREET ADDRESS	ON'S MILL	VA.	e. IS RESIDENCE
5	TAHRNEY	KEEDY MEA	MORIALHOME	DILLO	IN'S MILL	- VA.	YES NO
7	(Type or print)	BENJAMIN 6. COLOR OR RACE 7. MAR	Middle HOMAS RRIED NEVER MARRIED	NATE B. DATE OF BIRTH	P. AGE (In year	ARY - 15	5. 1961
	MALE 10a. USUAL OCCUPATION during most of working	WHITE WIDOW	VED DIVORCED	MAY 23 - 18	168 92 ×	rs. 8 22	
	KETIRED A	MINISTER 1	ORETHENAN CHU			4 Vis	S:A.
)	1S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16 f yes, give war or doles of service)	SOCIAL SECURITY NO. 17.	'	-		
	TID CAUSE OF DEAT	IVO :	NONE K	ECORDS OF	FAHRNEY KI		MOILIALTON
	Conditions, if an gove rise to im couse (o), stoting the	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Dy, which Due to	Generalized Cangrer Beletical	arteriose	leg quemone		bdays
		AS DECEASED EVEN IN U. S. ARMED PROCESS SOLUTION OF BUILDING OF	19. WAS AUTOPSY PERFORMED? YES NO				
	D. COUNTY B. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b to C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outside corporate limits, write RURAL and give nearest flown) B. CALSTON (If outs						
	20c. TIME OF INJURY Haur o. m. p. m.	While	MARYLAND O. STATE D. COUNTY FRANKLIN C. CIPY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A. C. LENGTH OF STAY IN 16 C. CIPY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A. STREET ADDRESS D. L. ONS MILL A. STREET ADDRESS D. STATE D. L. ONS MILL A. STREET ADDRESS D. STATE D. S. ARRIED D. MIGHIE D. DATE D.				
Ì		-7-6-1	6 / 1	-71	2/		
	220. SIGNATURE	I. W. Lella	222			and an the dar	7
		6. Wile	Van	22d. ADDRESS	Roonstra	c, n	ro.
	REMOVAL (Specify)	AMERICAND (If outlide corporate limit, write authority) COUNTY (If outlide corporate limit, write authority) COUNTY (If outlide corporate limit, write authority) C. CITY OR TOWN (If outlide corporate limit) C. CITY OR TO	4.				
	24. FUNERAL DIRECTOR'S	SIGNATURE F		/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg.	Dist	Na	2	4	1	6
Keg.	DIST.	NO.		-		-

1.	PLACE OF DEATH	ton		MARYLANI		esidence (v Mar yl		sed lived. If instit b. COUNT	ution: Reside			
	b. CITY OR TOWN HE		e RURAL					porote limits, write				
		own Md.		35 vrs	13 Ha	gerst	town.	Mar yla	nd			
1		L OR INSTITUTION			d. STREET	ADDRESS					ON	ESIDENCE A FARM?
3.	NAME OF	Fir	rel	Middle			_			Day		ear
	DECEASED						OF DEATH					9 61
5.		ME OF CEASED DO Nald HOWARD ACCOLOR OR RACE COLOR OF RACE COLOR OF MARRIED DIVORCED DIVORCED MARRIED MIDUSTRY MIDUST		ER 24 HRS.								
	Male Colored WIDOWED DIVORCED March 13 1905 55 yrs. Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Laborer Auto-garage Charlestown, W. Va. 3. FATHER'S NAME Frank Newman 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]	Months	Days	Hours	Min.							
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDU					12. CITI	ZEN O	F WHAT	COUNTRY
		g life, even if refired)	A	uto-garage	Cha	rlest	own	W: Va	TIS	A		
13	FATHER'S NAME								, ,,			
	Frank New	rma.n			m	alle.	2	1 eurose	44 .			
15 174	. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT							
		to have fine mon on order or	-	6-14-62997	us El	a 97	Eum	un 4:	36 77.	200	roth	on the
	18. CAUSE OF DEAT	H [Enter only one cau	se per line f	or (o), (b), ond (c).]						INTE	T AND DEA	EEN
	PART I. DEAT	H WAS CAUSED BY:	Dies	ecting Aneur	rsm Of A	orta				-	cent	
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	Conditions, if or	y, which) (b)	Hemo	mericardium						Re	cent	
		iote couse		2022								,
	couse lost.	noerrying									1	
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(o) 1		
CATI										,	PERFO	RMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of	injury in Port	t i or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	_ Not while _ fo				y or town)	(Cou	inty)		(Slote)
	21. I certify th	at I toak charge	of the re	emains described ab	ove, held a	n Autaps	y 😿 , 1	nspection .	Inquir	уП	, and	find that
						Hamicide	-	ndetermined of	cause \square			
		1 5	XM	1								
	ACTUAL	1. 100	De	106	M.D. CHIEF	MEDICAL EX	CAMINER _				DATE S	IGNED
		HILITATION		0		ANT MEDIC	AL EXAMINE	ER 2-	24-61			
+	EXAMINER'S NAME (Type)	Dr. E. W. 1	Ditto	Jn	DEPUT	Y MEDICAL I	EXAMINER					
220	BURIAL, CREMATION			22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(State	•)
B	urial	Feb 26	1961	Rose Hill	Ceme te	rv	Hag	erstown	Mar	vi a	nd	
				ADDRESS			D BY REGIST		STRAR'S SIG		E	
6	John Ru	Catson on	Noo	ustown -	md.	DATE MA	AR 1	61 0	in S.	Fran	·A	
B	BURIAL, CREMATION REMOVAL (Specify)	Feb 26)F	NAME OF DECEASED (Type or print) Do nald	ceme te	240. REC'I	HA.GO	TION (City, town, Brstown TRAR 24b. REGI	Mar	NATU	nd	•)

BU OF HEALTH - SALTIMORE, 18	IND STATE DEPARTME	UKKAMPUL ET TOS	1
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9441 -	CERTIFICATE	OF DEATH		0~311
1. PLACE OF DEATH	s 8 & 9 Film 620			institution: Residence bafore admission
Washington	MARYLAND	. STATE Mary	land b. coul	Washington
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16			e RURAL end give neerest town)
write RURAL end give neerest town) Hagerstown	32 years	Hager	stown	03
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM
474 N. Potomac Street		474 N. Pot	omac Street	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Dey Yeer
(Type or print) JAMES	KINGSLEY	NOEL, JR.	DEATH Febru	pary 25 1961
5. SEX 6. COLOR OR RACE 7. MAR		. DATE OF BIRTH	9. AGE (In yeers lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDO		Jan. 24. 191	12 Lig yrs.	Months Deys Hours Min.
	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Salesman	ir conditioning	Man. Hanco	ck, Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		000000
James Kingsley	Noel. Sr.	Lola Pe	rkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Addres	5
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Dr	. W. W. Noel	Hagerstown	n, Maryland
18. CAUSE OF DEATH [Enter only one ceuse p	er line for (e), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	+ n. l.	D. P		ONSET AND DEATH
DUE TO	Juman er	with the same of t		
Conditions, if eny, which (b)	0			
geve rise to immediate cause				
(e), steting the underlying DUE TO				
10/	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(e) 19. WAS AUTOPSY
-tf.	60.000	to Par for	0000 0.00	PERFORMED?
	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)	7
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	9	00	0 0	•
3 20c. TIME OF INJURY Month, Day, Year 20		CE OF INJURY (Home, ferr		(County) (State)
I III	/hile Not While 1990	tory, street, office bldg., etc	··/ ;	
21. 1 certify that (I) (this hospital) at		2/25/67	10 to	10 , that (1) (we) la
saw the deceased alive on				
22e. SIGNATURE	, and man	deam occured arm.	ZELEVI, ITOIN INC COURSE	22b. DATE
How MA	Wooks lund:	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	2/27/61 SIGNI
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) Howard N. W	eeks, M,D.	136 N.P	otomac St., I	lagerstown, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (Stete)
Burial 2/27/1961	Rest Haven	Cemetery	Hagerstown	Maryland
24 Suter - Rouzer Funeral	ADDRESS	25e. RE	C'D BY REGISTRAR 256. RI	EGISTRAR'S SIGNATURE
R. Franklin herren	Hagerstown,	Marylan dateMA	IR 1 '61	Thun S. Kraus
				A TURNET

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we wind the state of the state and social to the state of the second social in a Washington County Anguistal 133 January Mu. 1897, 7, 00 Mars - Marsh - State -To Mary Loss Persons of Constant Pleas Standard The state of the s The second of th of the tention of the state of the s Tartial 1978 Secret from Contact 1974 in age 55 Comment Comment

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2443

02419

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	-	/	

TO HOSPITAL OR ATTENDING CHYSICIAN: The law requires that the death certificate be executed within 24 haurs, are death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Hagerstown I A8 years I A8 years I A9 Year	o. COUNTY.	ington		MAR	YLAND	a. STATE			lived. If institut b. COUNTY			
A STREET ADDRESS A STREET AD	b. CITY OR TOWN	(If outside corporate limit	ts, write	c. LENGTH OF STAY	(IN 1b							
d. NAME OF HOSPITAL (if main hospital, give street oddress) WaSINITED TO County Hospital 1025 Security Road				1.0		20						
DAME OF DECEASED L10 yd Wesley Plume Last Security Road Non-AFARM Non-AF			ive street o		rs	d STREET AL		erston	vn			IS RESIDENCE
NAME of Companies Companie	OR INSTITUTION				1	- 0		Soouni	ty Pos	d		ON A FARM?
DECRATED (Type or print) SEX	wasning	con county	у по	Sprat	}	1 10	12)	Jecui 1	L C y ROB	· u	Y	F2 NO F
Male White Whowed Divorced March 18, 1897 63 yr. Months Days Mours Min Could be without the working life of working life even if reliefd winding most of working life even if reliefd winding most of working life. We even if reliefd to relief life of working life, even if reliefd winding most of working life, even if reliefd winding most of working life. When the working life even if reliefd to relief life of working life. When the work is a state of the working life. When the work is a state of the working life. When the work is a state of the working life. When the work is a state of the working life. When the work is a state of the working life. When the work is a state of the working life. When the work is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life is a state of the working life. When the working life is a state of the working life is a state of the working life. When the working life is a state of the working life is a state of the working life. When the working life is a state of the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life is a state of the working life. When the working life. Whe	DECEASED											Yeor 19 6:
Male White WIDOWED DIVORCED March 18, 1897 63 yrs So. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY II. BIRTHACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY B. CALLEMAN Cement Election Va. 3. FATHER'S NAME 14. MOTHER'S MADEN NAME Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT 18. INFORMANT 16. SOCIAL SECURITY NO. 17. I	S. SEX	6. COLOR OR RACE	7. MARR	IED ANEVER MARRI	IED TE	B. DATE OF BIRTH			9. AGE (In years			
12. CITIZEN OF WHAT COUNTR	Male	White	WIDOWE	D DIVORCE	ED N	Jarch 1	8. 1	897			Days H	laurs Min.
3. FATHER'S NAME 1. MOTHER'S MAIDEN NAME 1. MOTHER'S MAIDEN NAME 1. MOTHER'S MAIDEN NAME Rachael M. Hammer S. WAS DECEASED EVER IN U. S. ARMED FORCES? Too. or windown) (If ye, give me or died and service) S. WAS DECEASED EVER IN U. S. ARMED FORCES? Too. or windown) (If ye, give me or died and service) S. WAS DECEASED EVER IN U. S. ARMED FORCES? Too. or windown) (If ye, give me or died and service) S. WAS DECEASED EVER IN U. S. ARMED FORCES? Too. or windown) (If ye, give me or died and service) (If ye, give me or died and service) S. WAS DECEASED EVER IN U. S. ARMED FORCES? Too. or windown) (If ye, give me or died and service) (If ye, give me or died at	IOa. USUAL OCCUPAT	ION (Give kind af wark o	dane 10b.	KIND OF BUSINESS O						12. CIT	IZEN OF W	HAT COUNTR
3. FATHER'S NAME I GW IS I. Plume S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yea, give wor of date of survice) Town, or unknown I GW Year, pive wor of date of survice) S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yea, give wor of date of survice) Town, or unknown I GW Year, pive wor of date of survice) I GW Year, pive wor of date of survice) I GW Year, pive wor of date of survice) I GW Year, pive wor of date of survice) I GW Year, pive wor of date of survice) I GW Year I. DEATH WAS CAUSED BY: ARAST I. DEATH WAS CAUSED BY: DOLE TO Conditions, if ony, which gove rise to immediate Couse (g), storing the under DOLE TO Conditions, if ony, which gove rise to immediate Couse (g), storing the under DUE TO Conditions, if ony, which gove rise to immediate Couse (g), storing the under DUE TO Lying couse lost. (g) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPE PERFORMENTS IF EITHER, NOTIFY MEDICAL EXAMINER) 20th. CONTRIBUTING COUSE OF DEATH HOU or m. p. m. 21. I certify Lihot (I) (this hospital) attended the deceosed from. January 31961 in February 149.61, that (I) (we) ic saw the deceased clive on February 149.61 aprotyloid death occurre&c 20BM, from the causes and on the date stated above 20. SIGNATURE 22c. PHYSICIAN'S NAME (Type) John H. Kehne, M.D. 3a. BUKIAL CREMATION, 23b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. ADDRESS 25c. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 4. FUNERAL DIRECTOR'S SIGNATURE 25c. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	during most of wo	rking life, even if retired)		Comont								
I. O. S. ARMO DECEASED EVER IN U. S. ARMOED FORCES? Interpretation of ventormal (if yea, size with an of ventormal) (if yea, size with a defense of fermical) (if yea, size with a deceased alive on February 16, 61 opto that death occurred of injury in Part II of item 18.) 20. ACCIDENT WAS UNDERLYING (if yea, size with a deceased of year of		man		Cement					a.			
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Eugene P. Plume Hagerstown, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)-] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)-] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)-] 19. PART I. DEATH WAS CAUSED BY: 10. Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse last. 10. Enter only one couse per line for (o), (b), ond (c)-] 10. TIRRAL BETWEEN [INTERNAL BETWEEN CONSET AND DEATH WAS CAUSED BY: 10. Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse last. 10. Enter only one couse per line for (o), (b), ond (c)-] 10. TIRRAL BETWEEN [INTERNAL BETWEEN CONSET AND DEATH WAS CAUSED BY: 10. Conditions, if any, which gove rise to immediate couse (o), stoling the under last of the per last of t	3. FATHER S NAME											
B. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (b) COP Pulmonale	Lewi	s I. Plum	e				chae	1 M.				
BE. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSE D. BY. Conditions, if any, which Due to	5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17. IN	FORMANT			Ade	dress		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COP Pulmonale Canditions, if any, which gove rise to immediate cause (o), storing the underlying couse lost. (b) Pulmonary emphysema & fibrosis, severe 3 years DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PREFORMED? PERFORMED? PERF	(est not of ontitioning	(ii yes, give war or outer or so	ar vicini,		Eu	igene P	. P1	ume	Hage	rstov	vn,	Md.
Canditions, if any, which gave rise to immediate cause (a), stoting the under. In the cause (b) to the performance of the perfo											ONSET	AND DEATH
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour a.m. 19 While at wark of otwark of the deceased from January 31961, to February 4961, that (I) (we) loss the deceased alive on February 14, 61 and that death occurre 820 PM, from the causes and an the date stated above 220. SIGNATURE 21. I certify that (I) (this hospital) attended the deceased from January 31961, to February 4961, that (I) (we) loss the deceased alive on February 14, 61 and that death occurre 820 PM, from the causes and an the date stated above 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) John H. Kehne, M.D. 33a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 22-18-61 Rose Hill Cemetery Hagerstown, Md. 45b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	gave rise to cause (a), stoting lying couse last	the under-)									
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4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	REMOVAL (Specify	v)					V					
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	TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the cror, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
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	W,	ashing				MARYLAN	D	a. STATE	Mar	ylan	ıd	b. CO	V	Vashi	ngto	n
	write PLIPAL ar	l (if outside corpo	reta limits,	- 7.1	c. LENGTH	OF STAY IN	1ь	c. CITY C				ta limits, wi	rite RURA	L and give	nearest to	wn)
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d.	NAME OF HOSE	PITAL OR INSTIT	UTION (if no	ot in hospi	itel, give str	eet eddress)			ADDRESS						e. IS I	A FARA
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10e. l	JSUAL OCCUPA	TION (Give kind	of work	10b. KIN	ND OF BUSIN	NESS OR INDU		-		inty & Ste	te, or fore	eign countr	y) 12	. CITIZEN	F WHAT	THUO
	during most of w	vorking life, ever	if retired)	Hon	ne ne			P	id.					U.S.	A	
	ATHER'S NAME			1 2201	110		1 14	. MOTHER		NAME						
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15. W	AS DECEASED E	VER IN II S ADA	HED EODCES	C2 14 C	OCIAL SECI	LIPITY NO 1	7 TAIR	ORMANI	alley	11011	gan	Addre	Nes S1.		٦	1.71 9
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MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definition. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICAL	TE OF DEATH
2440	06461
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Washington MARYLAN	Maryland Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Rural Hagerstown 51 years	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
R.F.D. # 4 3. NAME OF First Middle	R.F.D. # 4 YES NO X
DECEASED	OF DEATH - 10 (-
SAPIUEL WALLER	RALLS FEDITIARY I DOL
7. MARKIED NEVER MARKIED	Follows Come Q 7 QOO Issi Dillidey) Months Deys Hours Min.
male white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Retired Carpenter Aircraft Compa:	ny Front Royal, Virginia U.S.A.
William Ralls	Mary Louise Mills
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Mrs. Mary Ralls Hagerstown, Maryland
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	il Tufas et cess onset and death Timel.
Conditions, if eny, which \ (b) Cen & as	teria ochrosia and coyer
geve rise to immediate cause	
couse lest. (c) as tere o s	Cerotic heart disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
3 Prootate lypertrophy,	bluign YES NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Proofet Lyzer Truphy, 200. ACCIDENT WAS UNDERLYING Plots. DESCRIBE HOW INTURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (Enter neture of injury in Pert I or Pert II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Hour a.m. While Not While et work at work	e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.)
	rom Feb 17 1961, to Feb 12 1962, that (1) (we) last
	that death occured at A.M., from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF GI ALL 226. DATE
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. PHYS. 22d. ADDRESS
NAME (Type)	My My
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	217 W. Washington Street Hagers to

23a. BURIAL, CREMATION, 23b. DATE THEREOF Burial 2/29/1961 Suter Rouzer Funeral Home

ADDRESS Hagerstown, Md.

Rose Hill Cemetery

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 2 3 '61

Hagerstown,

Maryland

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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2446

1. PLACE OF DEATH a. COUNTY	ashington		MARYLA		usual resid	Md.	ere deceased	lived. If institution b. COUNTY	on: Residence Wash			n)
b. CITY OR TOWN (IF RURAL and give ne Hagerstown	arest town)	its, write	c. LENGTH OF STAY IN 3 months	1b		own (If o		ate limits, write R	URAL ond g	ive neare	st tawn)	
d. NAME OF HOSPIT, OR INSTITUTION Gateway N	al (If not in hospitol, gursing Hom	give street	oddress)		d. STREET AL		tt St.	,	-1		IS RESIDE	ARM?
3. NAME OF DECEASED (Type or print)	Fii Howar	-	Middle Joseph		Renner		4. DATE OF DEATH	Man 2	th	Day 27	Yes	61
s. sex male	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIED ED DIVORCED [oate of Birth	1879		P. AGE (In years last birthdoy) yrs.	IF UNDER Months		Hours	24 HRS. Min.
	ing life, even if retired	h l	KIND OF BUSINESS OR I	INDUSTRY			or foreign car OWN, M		12.CITI2	US	VHAT COI	UNTRY?
13. FATHER'S NAME Will	iam Renner			1	4. MOTHER'S		et Luf	t				
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR		social security NO.	Mrs.	John	Phill	ips	Hagerst	4.0	Md.		
Canditions, if or gave rise to in cause (a), stating lying couse lost.	the <u>under-</u>)))	Merio CONTRIBUTING TO DEATH					CONDITION GIV	YEN IN PART	1(0) 19.	WAS AU PERFORA	JTOPSY
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour g. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Ye		Nat while	e. PLACE	OF INJURY (F	lome, farm	, 20f. (City		(C	ounty)	res 🔲 1	(Stote)
	t (I) (this haspite	-	ded the deceased fr	,	ATTENDING	at 95		Felt 2, he causes an STAFF PHYS. Bun	7, 196 d on the		tated a	
230. BURIAL, CREMATIO REMOVAL (Specify) Burial	3-2-61	OF	23c. NAME OF CEMETE Rest Have				Hager		id.		(State)	
24. FUNERAL DIRECTOR'S		ersto	ADDRESS Own, Md.				AR 3 '6		strar's sig		4	

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PHYSICIAN: The low requires that the death certificate be exe

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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744	SERTIFICATIE OF SE		
1. PLACE OF DEATH a. COUNTY	MARYLAND 2. USUAL RESID	DENCE (Where deceased lived. If institution b. COUNT)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IGTH OF STAY IN 16 c. CITY OR T	OWN (If outside corporate limits, write	RURAL ond give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET A	ers burg DDRESS	e. IS RESIDENCE ON A FARM?
0 1 2 1	lescent HAG	ERSTOWN R.D5	YES NO 2
NAME OF Pirst DECEASED (Type or print)	Middle Lost	OF DEATH	onth Day Year 8 1961
	NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female white WIDOWED &	DIVORCED /Voy 22	1890 last birthday) 90 yrs	3-
0a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	F BUSINESS OR INDUSTRY 11. BIRTHPL	ACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
1. FATHER'S NAME	14 MOTHER'S	MAIDEN NAME	U, S.H.
P. FAITIER'S NAME	14. MOTHER'S	11 0 1 -	
	SECURITY NO. 17, INFORMANT	Tha Snydek Ad	dress
(Yes, no, or unknown) (If yes, give war or dates of service)			
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] 1		/ INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	postatic	Mumon	a 3day
HAA DUE TO	1,10 11	0 11 0) 1
Conditions, if any, which) (b) Cirlly	ur Aclerolic	Cardiac 1	Jes 10 yra
gove rise to immediate couse (o), stating the under-			
lying couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIB</u>	JUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (2)
	OW INJURY OCCURRED. (Enter noture of	injury in Part I or Port II of item 18.)	
	at while work 20e. PLACE OF INJURY (I foctory, street, office		(County) (Stote
21. 1 certify that (I) (this haspital) attended the		1961 to Feb 8	19.6.1, that (I) (we) las
saw the deceased alive an Tell 1	9_Q_1, and that death-accurred	d at 8,450% from the causes a	and an the date stated above
There & Sun	M.D. ATTENDING	MED. STAFF PHYS.	2/10/6 SIGNEI
22c. PHYSICIAN'S NAME (Type) David R. T	Brewer 22d. ADDRE	Elean Spr	ing md,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N REMOVAL (Specify)	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town	, or county) (Stote)
Burial 2/11/61 Le	theran Cemetery	Leitersburg	Mary land
24. FUNERAL DIRECTOR'S SIGNATURE A	DDRESS	250. REC'DEN REGISTRAR 256. REC	GISTRAR'S SIGNATURE
Nalle, U. Minne 112.	- Land B	DATE	arthur & trave

may be retained by the hours of an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled—with the State Board of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death. TO HOSPITAL OR ATTENDIN VR A1S (4) 1SM 9/59

STATE WAS SO THAT HERED AND THE TARREST 22 the E . The manufactured the wall Andrews of the second The second secon Telegraphic Fol State the age white the state of the state of Maryland Charles Horizontal & Lette Sunder John Lauren Costeria delegatio Condina De a de gras 24 Miles Style Street La Morray Courtey The transfer of the second of the

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2440

1. PLACE OF DEATH o. COUNTY Wa	shington		MARYLAND	O STATE	Md.	ere deceased	lived. If instituti b. COUNTY	on: Residence Wash		sion)
b. CITY OR TOWN (I RURAL and give ne Hagers	f outside corporate lim corest town) S COWN	ts, write	c. LENGTH OF STAY IN 16 20 min.		agersto		ote limits, write R	URAL ond give	e nearest tow	n)
d. NAME OF HOSPIT OR INSTITUTION Wash.	Co. Hospital	ive street	oddress)		O9 W. F	rankli	n St.,		ON	SIDENCE A FARM? NO 🔏
3. NAME OF DECEASED (Type or print)	John	st	Middle P Ri	chard S	Last C •	4. DATE OF DEATH	Mor 2		Doy 25	Year 19 61
S. SEX			RIED NEVER MARRIED	B. DATE OF BI			AGE (In years last birthdoy) yrs.	Manths Do	YEAR IF UND	ER 24 HRS Min.
male	white	WIDOWI	ED DIVORCED	March					N OF WHAT	COUNTRY
during most of work	ting life, even if retired)	W, M. R.R.	Lu	ray, Va	a.	лпу	12. CITIZE	USA	COUNTRY
3. FATHER'S NAME					R'S MAIDEN N					
	lin Richard				unknown	1				
	R IN U. S. ARMED FOR (If yes, give war or dates of :		SOCIAL SECURITY NO. 17.	INFORMANT		March 1	Add	ress		
no		u	nknown 1	liss Vir	ginia F	Richard	l Hag	erstown	n, Md.	
Conditions, if o gove rise to i cause (a), stating lying couse last. PART II. OTH	mmediate the under-	:)	CONTRIBUTING TO DEATH BI	UT NOT RELATED	TO THE TERMI			VEN IN PART 1	PERF	AUTOPSY ORMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter notur	e of injury in I	Port I or Port	II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While		PLACE OF INJUR factary, street, al	Y (Home, form fice bldg., etc.), 20f. (City (or town)	(Cor	unty)	(Stote
saw the decept		1) attend	ded the deceased from			^		1961 and on the c	date state	d abave
	he ITIX	one	baker	M.D. PHYS.		ED. RECTOR				2b. DATE SIGNEI 2:27
22c. PHYSICIAN'S NAME (Type)	John H.	Horn	baker, M.D.	22d. AD	DRESS		st Wash:	_	St.,	
23a. BURIAL, CREMATIC REMOYAL (Specify) burial	2-28-61	OF	23c. NAME OF CEMETERY Rose Hill			**	ON (City, town, gerstown		Md.	ote)
Fred W. Kr		ersto	ADDRESS wn, Md.		2So. REC'	D BY REGISTR		ISTRAR'S SIGN		

THE REPORT OF THE PARTY OF THE No 60 3 " -1000 awage and a warm they Compared to the contract of th AS SHOW A CHARLEST AND A STORE AND ADDRESS OF THE PARTY OF THE PA • . . . The transfer was a solution of the state of the same o • • •

CERTIFICATE OF DEATH

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Jel		9441 CERTIFICATE OF BEATT	
4 4	1. 1		lived. If institution: Residence before admission)
Wa		O. COUNTY WASHINGTON MARYLAND O. STATE MARYLAND	b. COUNTY WASHINGTON
4	ı	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits)	rote limits, write RURAL ond give nearest town)
0		RURAL and give neorest town)	
•		d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE
		OR INSTITUTION	ON A FARM?
An	_	1227 PODE HARNAGE MIZZZ LODE	AYENVE YES NO
Û.		NAME OF First Middle Lost 4. DATE OF	Manth Day Yeor
		(Type or print) YEARL NAY KIDENOUR DEATH	FEBRUARY - 20 - 19 6
U	S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE lost birthdoy) Months Days Haurs Min.
	1	FEMALE WHITE WIDOWED (DIVORCED AUG-15-	S2 yrs.
	10d	Dd. USUAL OCCUPATION (Give kind of wark dane during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign or during mast af warking life, even if retired)	nuntry) 12. CITIZEN OF WHAT COUNTR
			SH. CO. MP. U.S.A.
	13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
T		MILLIANI RICHAR	111 11 1 1 1 1 1 1 1 1 1
1	15.	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address D. h = DVE
		Yes, no, or unknown) (If yes, give war or dates of service)	1222 Address POPE AVE.
	-	NO NONE ALBERT E. KIDEWOU	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	н	PART I. DEATH WAS CAUSED BY: Cirrhosis of Liver.	6 years.
120		58 1 0 DUE TO	
		Conditions, if ony, which) (b)	
		gave rise to immediate Cause (o), stating the under-	
		lying couse last. (c)	
0	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	E CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
	CATION	None.	YES NO
			II af item 18.)
	CERTIF	ZOB. ACCIDENT WAS UNDERLYING AUSE OF DEATH CONTRIBUTING AUSE OF DEATH OF PORT OF THE PROPERTY	
	AL		or town) (County) (Sto
	MEDICAL	Hour o. m. While Not while foctory, street, office bldg., etc.)	
	×		71.00
		21. I certify that (I) (this hospital) attended the deceased from Dec. 13. 1954, to	
		saw the deceosed clive on Feb. 18 1961 and that death occurred P.M., from	
		220. SIGNATURE ATTENDING MED.	STAFF Feb 21 1961
		M.D. ATTENDING MED. PHYS. DIRECTOR	Feb. 21, 1961.
		22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
		R.A.Bell, M.D. Hagerst	own, Maryland.
0	23a	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT	TION (City, town, or county) (State)
11	1	BENOVAL (Specify) HER. 22-1961 BEAVER CLEEK CEMETERY BEA	AVER CREEK WASH, CO. NID
13	24.	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGIST	
	/	John T. Blast BOONSBOKE /YID. DATE FEB 24 6	Chiling S. Mans
	1	JANE .	Control of the Contro

CHYSICIAN: The law requires that the death certificate be exertal or attending physician.

TO HOSPITAL OR ATTENDIO

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in interest to not administration of the control of	.0.2	1158.1.8	
Singer survive a SAX James English Salah S			

VR A15 (4) 1SM 9/S9

TO HOSPITAL CX ATTENDIN SHYSICIAN: The low requires that the death certificate be executed within 24 hour. It death. Page 4 may be remained by the hour miles are attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

MARYLAND	STATE	DEP	ARTME	NT	OF	HEA	LTH	
ON OF STATISTICAL	RESEARCH	AND	RECORDS	— В	ALTIM	ORE	I, MARYLA	ND

DIVISI 2450 CERTIFICATE OF DEATH

	\vdash											
		COUNTY Wash	inator		MARYLANI	0	SUAL RESIDENCE (NO. STATE	Where deceased	lived. If institution b. COUNTY	on: Residence bef	ore admission)	1
	b		(If outside corporate limit	ts, write c. LENC	GTH OF STAY IN 1	b c	CITY OR TOWN (I	f outside corpor	ote limits, write RL	JRAL and give no	earest town)	2.0
		William	3 port		705-2 Wee	15	Wash	ingto.	N		71	XS
	d	OR INSTITUTION	ITAL (If not in hospital, g	ive street oddress)		11	STREET ADDRESS				e. IS RESIDER	
		Willian	rsport de	anitario			5025			-	YES N	○ <u>V</u>
0	0	NAME OF DECEASED Type or print)	Edward	st .	Middle	R	itter	4. DATE OF DEATH	Febru	Ary 1=	ay Year ک 19	
	5. S	EX	6. COLOR OR RACE	7. MARRIED N	NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years lost birthdoy)	IF UMDER 1 YEA		
	1	Male	White	WIDOWED 🗹	DIVORCED [MI	arch 4.1	1900	60 yrs.	Months Doys	Hours	Min.
	10a.	USUAL OCCUPATI	ION (Give kind of work or rking life, even if retired)	one 10b. KIND OF	BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Sto	ote or foreign co	untry)	12. CITIZEN C	F WHAT COU	NTRY?
	6	SRANCH	MANAGE.	R Armon	vr4 Co.			town,	Marylax	de Zu.	S. A.	
1	13. 1	FATHER'S NAME				14.	MOTHER'S MAIDEN	~ 1	1			
			rd Kitt	er	1 DOES NO		VIOIA	Ston		SHEK		
		, no, or unknown]	ER IN U. S. ARMED FOR	CES? 16. SOCIAL	o mend	7. INFORA	, _	2	Addr	11.	,	
		No		214 (1 1 1	M75,	Henry	Rurroug	945 (446	ghtex)	
			ATH [Enter only one co	use per line for (o)	(b), ond (c).]		1-11	/ /	1-		TERVAL BETWI	
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	16	Mygo	92	hal al	4/an	07782	09	u mo	70 B
		7	DUE TO		/			/		LAN DES		
		Conditions, if a)								
		couse (o), stoting	the under- DUE TO					1		F 11 K		
	z	lying couse lost.	, (c)		UTINIC TO DEATH	BUILDIO	DELATED TO THE YEA	DANIAL DISEASE	COMPITION CIV	CALINA DA DE 1/-1	10 MAG ALIT	OBSV
	ICATION	PART II. OI	THER SIGNIFICANT CON	DITIONS CONTRIBE	JING TO DEATH	BUINOI	KELATED TO THE TEK	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFORME YES N	ED?
5	CERTIF	OR CONTRIBUTING	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCU	RRED. (En	er noture of injury i	in Port I or Port	II of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o. m.			CCURRED 20e.	PLACE C	F INJURY (Home, fo	erm, 20f. (City	or town)	(County)	(Stote)
	ME	p. m.	19		work		111			1		
		21. I certify th	at (I) (this hospital) attended the	deceased fra	m. 2-1	11/6/	19, ta	2/12/	6 19 1	hat (I) (we) last
		saw the decec	sed alive on	1/2/619	and the	at death	occurred at /	P.M. from	the causes an	d on the dat		
		220. SIGNATURE	,10	, /			ATTENDING/	MED.	STAFF	- /	226. D	ATE
		2000	1-120	WAN	4		PHYS.	DIRECTOR	PHYS.	2/1	3/6/	_
		NAME (Type)	RALPH	FIX	OUNG	7	22d. ADDRESS					
1	230.	BURIAL, CREMATI			AME OF CEMETER			0.00	ION (City, town, o	75.49	(Stote)	
Y		PEMPYA (Specify		-6V Riv	rerview	Cem	etery	Willi	amspor			
1	24.	EUNERAL DIRECTO	S SIGNATURE	17157	DIESS	Ta	1 125a. RE	FEB 1 6		Erthur 8. A		
13	1	The contraction	reak	, or en	compe	007	DATE		-	~~~~ A, /(ANGENTA IN	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DITI31011 01	SILVINGILIANE VERSELVENI VIAN		D
9	459	CERTIFICATE	OF DE	ATH

1. PLACE OF DEATH				2. USUAL RESIDENCE	E (Where o	leceased lived	. If institution	on: Residenc	e before	admission)
Washin	gton	MARYL		Marylan	100		b. COUNTY	ashii	ngto	n
b. CITY OR TOWN	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY II	NIP	c. CITY OR TOWI	N (If outsid	e corporote li	mits, write RI	JRAL ond g	ive neare:	st town)
Rural 1	Hancock	Life		Rural 1	. H	ancoc	k	X		
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give	street oddress)		d. STREET ADDRE	ESS					ON A FARM?
Home, Rur		ock		Rural 1	Har	cock				YES NO
3. NAME OF	First	Middle		Last		DATE	Mon	th	Day	Year
(Type or print)	Amanda	Elizabe	th	Roby		DEATH	2		18	19 61
5. SEX		· MARRIED NEVER MARRIE		DATE OF BIRTH		9. AC	GE (In years t birthday)		-	UNDER 24 HRS
F	White	VIDOWED TO DIVORCED		5/13/18	711	8	6 yrs.	Months	Days 1	Hours Min.
10a. USUAL OCCUPATI	ION (Give kind of work do	ne 10b. KIND OF BUSINESS OF	RINDUSTI	RY 11. BIRTHPLACE	(Stote or fo			12. CITIZ	ZENOFW	HAT COUNTRY
	rking life, even if retired)	none		Washi	nato	n Co	. Md.	III	SA	
HOUSEWI 13. FATHER'S NAME	1.6	none		14. MOTHER'S MAI) Inc.		J	
0	A De ala am			Rebec	00 187	allah				
	A. Bishop	S? 16. SOCIAL SECURITY NO.	17 INF	DRMANT	Caw	ercu	Addr	ess		
(Yes, no. or unknown)	(If yes, give war or dates of servi	ice)			37.000	~ ~ ~			7 13	Innanali
no	no	none		Magie	ver	ner	nu	ral		lancock
		e per line for (a) (b), and (c).	1	hore		. 1	7		ONSET	AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	CHIN	16	1111	0-C	ura	ills	•	12	1125
147	DUE TO			1 1/1	-	1				/
Conditions, if	ony, which) (b)	aple	ne	sile	10	uc		22.12		
gove rise to couse (o), stoting	immediate (1	1-	_ /.	~	1	1	. 0	12 3
lying couse lost			60	rail	000	as (dus	las	4	103
PART II. OT		TIONS CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE	TERMINAL	DISEASE CON	IDITION GIV	EN IN PART	T 1(o) 19.	WAS AUTOPSY
CATIC										PERFORMED?
	AS UNDERLYING 2	06. DESCRIBE HOW INJURY OC	CURRED.	(Enter noture of inju	ury in Port	or Port II of	item 18.)			
□ OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)			1			1			
Z 20c. TIME OF INJU	IRY Month, Doy, Year	20d. INJURY OCCURRED	20e. PLAC	E ON INJURY (Home	e, farm, 2	Of, (City or to	wn)	10	County)	(Stote
20c. TIME OF INJU	10	While Not while	focto	ry, street, office bld	g., etc.)		_ , `	-1	1	
p. m.	Ä	ot work ot work		A FI	7/11	-	1/1	9 6	1	
21. I certify th	at (I) (this haspital)	attended the deceased	fram	(1019 17	19	,.ta	2	19	_£, that	t (I) Jwel las
saw the deced	ased alive an	1961, and	that de	ath accurred at	Vac.M.	fram the	causes an	d an the	date s	stated abave
220. SIGNATURE	MIL	Pahla, 1		A STEEL IN ILLI						22b. DATE SIGNED
1000	a lett	LUTLI	M.	D. PHYS.	MED.	OR PH	AFF IYS.			3101422
22c. PHYSICIAN'S NAME (Type)	16	6 4 11	in	22d. ADDRESS	M SH	HAFFER	MD			
TARME (Type)	The	une or	11		211 OI	10,000,000	IVILLE			
23a. BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d	. LOCATION	(City, town,	or county)		(Stote)
REMOVAL (Specify			MPO						11.1	()
Burial 24. FUNERAL DIRECTO	R'S SIGNATURE	Mt. Oliv	et	(old)		REGISTRAR	25b. REGI	STRAR'S SIC	SNATURE	1(1+
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VR A1S (4) 1SM 9/59

CERTIFICATE OF DEATH

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led wi	M	1. PLACE OF DEATH o. COUNTY Washin	eton	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution		ission)
should be filed		b. CITY OR TOWN	If outside corporate limits, write	c. LENGTH OF STAY IN 16	+	utside corporate limits, write RU	RAL and give nearest to	wn)
o d		RURAL and give n	earest town)	2 Weeks	03 Hagers	town		
hou	STI	d. NAME OF HOSPI	TAL (If nat in haspital, give street		d. STREET ADDRESS	DOWII		ESIDENCE
N	CO. C	OR INSTITUTION Wash C	ounty Hospits	1.1.	1 240 So P	otomac St		A FARM?
and		3. NAME OF	First	Middle	Last	4. DATE Month	h Day	Year
Pages 1 red death.	/	DECEASED (Type or print)	KLEORA	ALWILDA	SANDS	OF DEATH Feby 2		19
Pag		SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hour	
papers. P	1 3	Female	White widow	ED DIVORCED	May 17 1878	82 yrs.	Months Doys Hour	rs Min
ape		10a. USUAL OCCUPATION	ON (Give kind of work dane 10b. king life, even if retired)				12. CITIZEN OF WHAT	
n pape		Teache		Retired	Hagerstow:	n Wash Co Md	US	A
carbon in 72 h		13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
		George	W. Sands		Eliza	H. Bombarge	r	
					NFORMANT	Addre		
event		No.	(if yes, give wor or odes of service)	None M	rs Cecil Cl	ark 818 Plea	santville	Rd
please r		1B. CAUSE OF DE	ATH [Enter anly ane couse per li	ne for (a), (b), and (c).]	Briarclif	f Manor N.Y	INTERVAL	
in o			ATH WAS CAUSED BY:	tharach	1		ONSET AN	S T
Ther		330	DUE TO	O M & I C C MI	o te nem	orrhega	101	
		Conditions, if	A	utania s	clerosis		14 -	Jus
permit.		gave rise to	immediate (L CALLO 9	C181-0 2 12		9	719
		couse (D), stating lying couse lost.						
ansi			. J (c) HER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	T NOT PELATED TO THE TERMI	NAI DISEASE CONDITION GIVE	EN IN PART 1(a) 19 WA	S AUTOPS
burial-transit rematian, or		PART II. OT	Pitlary t	(mors	of blade	10v-1	PERI	FORMED?
	0	I ∝ I OR CONTRIBUTING	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRI	(Enter nature of injury in F	'ort I or Port II of item 18.)		
as the		\$ 20c. TIME OF INJU		NJURY OCCURRED 20e. PI	ACE OF INJURY (Hame, farm	20f. (City or town)	(County)	(Sto
use to b		Haur o. m. p. m.	19 White at wor	Not while fo	actary, street, office bldg., etc.)	(coomy)	(010
d far		21. I certify the	at (I) (this hospital) attend	ded the deceased fram.	F269 19	61.10 F16.2	2 19.6.1, that (1)	(we) lo
che if			seld alive an Fab 2:			M, fram the causes and	d an the date state	ed abay
detoched Health pr		220. SIGNATURE	1	111			1	22b. DATE
af l		1 None	16-16	d//na	M.D. PHYS. ME	ED. STAFF RECTOR PHYS.	2/13	161
		22c. PHYSICIAN'S NAME (Type)	11	11/11	22d. ADDRESS 2_/	y N. Dator	nec s.	+,
3 should		NAME (Type)	Lloyd Al	HOLFIN	an		1166 7	(
		230. BURIAL, CREMATIC	ON, 23b. BATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, tawn, a	r county) (S	tate)
poge the St	0	REMOVAL (Specify		will Scatter	ashes near	Smithehum	Wakh Ma.	Md
5 "=	En	24. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE	1
(4)	6	ndrem	K. Coffman Ha	gerstown Md	DATE CE	B 2 7 '61 \ an	thun S. Kraus	
/39		Harry O AA	VVIIICLII	DATE NAME AND ASSESSED.				

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

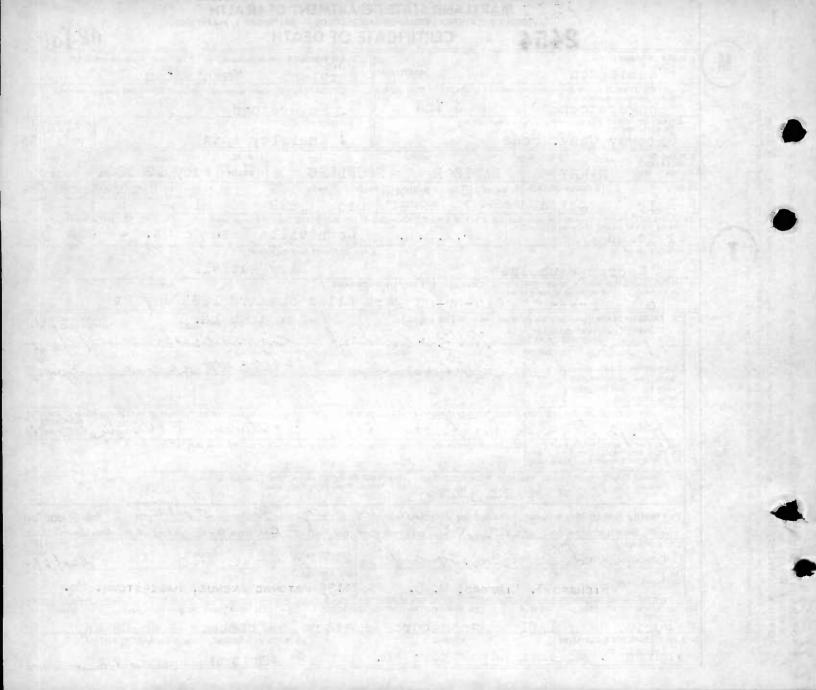
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02430

a. COUNTY	noton	MARYLAND	o. STATE	ere deceased lived. If institution: Residence	dence before admission)
	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL or	nd give nearest town)
RURAL ond give	neorest town)	3 Yrs	0)		
	rstownR#2 PITAL (If not in hospital, give street		d. STREET ADDRESS	LOWI1	e. IS RESIDENCE
or institution Gatewa	~ 77		1 Kneisl	ey Apts	ON A FARM?
3. NAME OF	y GOIIV . IIOIIIC	Middle	Last	4. DATE Month	Day Yeor
DECEASED (Type or print)			AUNDERS	DEATH Feby 19	1961 19
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIER	8. DATE OF BIRTH	9. AGE (In years IF UND lost birthdoy) Month	DER I YEAR IF UNDER 24 HRS
Male	white widow	/ED DIVORCED	Dec 7 1899	61 yrs.	is boys floors will.
	TION (Give kind of work done orking life, even if retired)	W. M. R. R.		or foreign country) e Wash Co Md.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
Geo	rge Sauhders		Mary	Hutzell	
1S. WAS DECEASED E (Yes, no, or unknown)			s Alice Bus	Address sard 1932 Gay	ct.
No	EATH [Enter only one couse per l		Hagers		INTERVAL BETWEEN
Canditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	Esteriosel	ent (want disease condition given in	e gri
OILY Him	sertensive C	adires,	Diz, Old	Alimbris Elon	PERFORMED?
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING 20b. DES NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port 1 or Port 11 of item 18.)	
W 20c. TIME OF INJ Hour o. m p. m	. While	fo.	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (State
21. I certify t	hat (I) (this hospital) atten	ded the deceased fram	18 aug 19	56, to dell-19	9, that (I) (XX) las
saw the dece	ased alive on	1970, and that of		M, fram the causes and an	the date stated abave
(Cicli	me 1.12	mond		ED. STAFF RECTOR PHYS.	2/20/6/
V22c. PHYSICIAN'S NAME (Type		FORP, M. D.	1135 POTOM	AC AVENUE, HAGERS	TOWN, Mo.
23a. BURIAL, CREMAT	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or coun	ty) (Stote)
Buria]	" 2/21/61	Roonsboro C	emetery F	consboro Wash	Co Md
24. FUNERAL DIRECTO		ADDRESS	25a. REC'	D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
andrew	K. Coffman Ha	gerstown Md.	DATE S	ER 23 '61	0 10

TO HOSPITAL OX ATTENDION May be retained by the ho VR A15 (4) 15M 9/59

al ar attending physician.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) PLACE OF DEATH Cremo a. COUNTY Washington g. STATE b. COUNTY Md . MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) buri and give negrest town) Smithsburg rural Hagerstown 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS registrar prior RFD 1 NAME OF Middle 4. DATE Month DECEASED Feb. Walter Leonard Schamel DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE fly years white male 31. 1909 WIDOWED [7] DIVORCED T Jan. YES. 10a, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) C during most of working life, even if retired) oug lumber company Hagerstown, Md. salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Robert P. Schamel · Maude Adam pages 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Myrtice Schamel, Smithsburg, Md. 7-32-5714 Give ves PM3. 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (a) Coronary Occlusion burial-transit **DUE TO** with Canditians, if any, which pencil alang gave rise to immediate cause **DUE TO** (a), stating the underlying cause lost. 0 Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY ő used CERTIFI 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. pluods 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) factory, street, affice bldg., etc.) Nat while g. m. 3 at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy \,\int_{\text{.}} Inspection X, Inquiry , and find that forwarded to the Chief FUNERAL DIRECTOR: death resulted fram: Natural causes x Accident , Suicide , ACTUAL CHIEF MEDICAL EXAMINER certifi ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) E. W. Ditto 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) 0 Rose Hill Cemetery burial 2-17-6] ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) SM 9/55

Haurs 12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

Tnetent

(State)

DATE SIGNED

(State)

IF UNDER TYEAR IF UNDER 24 HRS.

Days

e. IS RESIDENCE

ON A FARM?

YES NO 14

Year

19 61

Months

Reg. Dist. No.

Wash.

PERFORMED? NO M

(County)

Hamicide , Undetermined cause

2-15-61

22d. LOCATION (City, tawn, or county)

Hagerstown, Md.

Scott F. Minnich & Son, Smithsburg, Md DATEGER 21 '61

arthur S. Firsus

Theread ballows County The transfer of The State of th ENLE THIS THROUGH ON THE LESS OF THE PARTY OF THE The leaf supplied to the contraction of the contrac Ver 't d. 721 est Till-12-391 st. u.v. Wyrties Bohenel, California, vot. and the state of t THE RESERVE THE PARTY OF THE PA The state of the s Ecotras, Minalon & Bon, Indiahama, nos semiging

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 432 **DIVISION OF STATISTICAL RESEARCH** 2456 CERTIFICATE OF DEATH

1. PLACE OF DEAT	H			CE (Where deceased		lesidence before admission)
	shington	MARYLAND	a. STATE Mar	ryland	b. COUNTY Wa	shington
	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	If outside corporate li	mits, write RURAL end	give nearest town)
Hagerstown		3 years	Ha Ha	gerstown.	Masonx	
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not i	in hospital, giva street eddrass)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Garlock C	Convalescent He	ome	Moller A	inter-		YES NO
3. NAME OF	First	Middle	Last	4, DATE	Month	Day Year
(Type or print)	ANNA	LOUISE	SCHMIDT	OF DEATH	February	3 1961
5. SEX	6. COLOR OR RACE 7. M		. DATE OF BIRTH	9. AGE	(In years IF UNDER 1	
Female	White WID		eptember 16.	1870 9	O yrs. Months [Days Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work 1	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign	country) 12. CITI	ZEN OF WHAT COUNTRY?
Housewife	orking life, even if retirad)		Philadelr	hia, Penn	TI.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			D 821 8
	Gustav Senff		Ann	a Koenig		
	PER IN U.S. ARMED FORCES?		NFORMANT	M MOCHIE	Address	
(Yes, no, or unkown) (If yes giva war or dates of service)		irs. Anna App	leget H	agerstown.	Maryland
	DEATH [Enter only one cause		and with the	Togot	ager o county	I INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	To bear sale 1)	00	A A		ONSET AND DEATH
331	IMMEDIATE CAUSE (a)	munu	years -co	0		
Conditions, if an	DUE TO	O this clar				years
gave rise to immed	fiate cause	answer				1
(a), stating the cause last.						
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY
E .						PERFORMED?
20a ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of ite	m 18.)	I IES NO PE
OR CONTRIBUTING	CAUSE OF DEATH		, (amer menere et mjer) m			
		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, fare	m, ' 20f. (City or tov	vn) (Cou	nty) (Stata)
20c. TIME OF INJU		While Not Whila fact	ory, street, office bldg., etc		,,,	(5,0,0)
4	17	t work at work	0/10/00	2/	2/67	
		attended the deceased from				
	sed alive on	61 19 and that	death occured at		causes and on t	
22a. SIGNATURE	B	1.	ATTENDING		AFF -	22b. DATE SIGNED
22c. PHYSICIAN'S	The court	X MULL M	.D. PHYS. X	DIRECTOR PH'	15.	2/4/61
NAME (Type)	MD		t a wa a . CI +	H	ha
Howa	rd N. Weeks	23c, NAME OF CEMETERY			Hagers	
REMOVAL (Specify	2/7/1961					
Cremation		Cedar Hill Ce		Washing	25b. REGISTRAR'S	D. C.
Suter - Ro	uzer Funeral	Home Hagerstown,	Ma.			
R. Franki	in porger		DATE	FEB 8 '61	arthur &	(Teralla

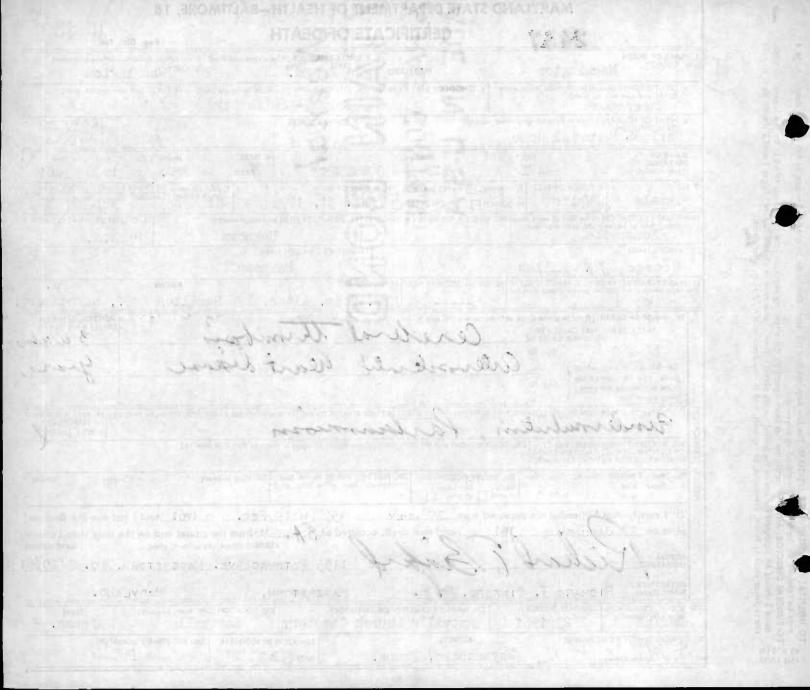
. ot it is so the Courtes and August Straws a strong 3 molt)) ; f = 5c. attrivi a fame Participation, Penn. Land W.S. S. 1.000 800 none to the first one of the second and the same of the Burely the Contract to the second contract to the contrac

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12,13 FilmG281 2-27-61 et CERTIFICATE OF DEATH

91=14

6431				Reg. Di	st. No.
o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived.	If institution: Resident COUNTY Washi	ngton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Rural - Sm			give neorest town)
d. NAME OF HOSPITAL (If not in hospital, give street or institution Garlock Memorial Home	oddress)	d. STREET ADDRESS RD # 1		1	e. IS RESIDENCE ON A FARM? YES 2 NO
NAME OF First DECEASED (Type or print) MARY	Middle ANN	Lost SCHWENK	4. DATE OF DEATH	Month Feb.	Day Year 19 19 61
Female 6. COLOR OR RACE 7. MARR WIDOWE		B. DATE OF BIRTH Mar. 31, 1879	loss	E (In years birthdoy) yrs. IF UNDER	Days Hours Min.
Da. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) HOUSEWITE	KIND OF BUSINESS OR INDU		r foreign country) Jnknown		S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
George / Miller		Unk	cnown		
S, WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) NO		nformant s. Chas. Alter	. 126 Ha	Address milton Ave	Pa. Waynesbo
gove rise to immediate couse (a), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS COUNTY OF THE CONDITIONS COUNTY OF THE COUNTY	CONTRIBUTING O DEATH BUT	umorn			RT 1(a) 19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. While	NJURY OCCURRED 20e. PL Not while k of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or taw	'n) ('	County) (State
21. I certify that Lattended the decease of the on 27 January 161. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) RICHARD T. BINF	Super	occurred at 8 A	M, from the DORESS (Street, ci	couses and on t ty or town, state) HAGERSIOW	he dote stated abo
20. BURIAL, CREMATION, 22b. DATE THEREOF 2/23/1961		R CREMATORY arch Cemetery		city, town, or county) ville	(Stote) Penna.
3. FUNERAL DIRECTOR'S SIGNATURE) Way	mesboro, Penna		BY REGISTRAR	24b. REGISTRAR'S SIG	



I

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	2458	CERTIFICA	TE OF DEATH			11640
1. PLACE OF DEATH a. COUNTY	SHINGTON	MARYLAND	2. USUAL RESIDENCE (W		institution: Residence	before admission) avies
b. CITY OR TOWN (I RURAL and give no HAGERS	If autside carporate limits, write earest tawn) Town	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	autside carporate limits,	write RURAL and giv	e nearest tawn)
d. NAME OF HOSPIT OR INSTITUTION WESTERN	MD, STATE 1	Hosp.	d. STREET ADDRESS		08×-2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Thomas	Murray	SEGER	4. DATE OF DEATH	Manth 2	19 196/
Male	White widow		MARCH 5,1	902 5	thday) Months D	ays Haurs Min.
Molders	ON (Give kind af wark dane 10b king life, even if retired) Helpev	S, Gove	JSTRY 11. BIRTHPLACE (State	YLAND	IZ.CITIZE	J. S.A.
13. FATHER'S NAME	es Seger	SOCIAL SECURITY NO. 17.	TUNE		∼ T Address	
(Yes, no, or unimagn)	(If yes, give wor or dates of service)	A	PS. CARTHA	Seger, U	PALDORE	Md.
	ATH [Enter only one cause per I ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tobular	neumoni	a	0	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if a	mmediate	rcinoma of	tidney wi	th abaomi	nal	28 mont
cause (a), stating lying cause last.		CONTRIBUTING TO DEATH BE	IT NOT BELATED TO THE TERM	MINIAL DISEASE CONDIT	TONI CIVENI INI BART I	I/A) 10 WAS AUTOPS
CATIC		SCRIBE HOW INJURY OCCURR				PERFORMED? YES NO
(IF EITHER, NOTIFY	G CAUSE OF DEATH MEDICAL EXAMINER)		PLACE OF INJURY (Hame, far.			unty) (Stat
20c. TIME OF INJUR Haur a. m. p. m.	While		actory, street, affice bldg., et		10 1	f (Side
saw the decea	at (1) (this haspital) atten sed alive an FR 19	. //	death occurred at	M, fram the cau	,	date stated above
22a. SIGNATURE	oung &	Chun	M.D. ATTENDING APHYS.	AED. STAFF	W 7eb. 19.	196 226 DATE SIGNE
NAME (Type)	Young E	Chun	1500 j	Penna A	ve Hages	stown My
23a. BURIAL, CREMATIC REMOVAL (Specify)	2-22-61		evs	WALDO	r, tawn, ar definity) DEC MG 5b. REGISTRAR'S SIGN	(State)
HUNGET FUN	eval Home Wal	Hort. M. J.		FEB 2 4 '61	Culling S.	

2458 CERTIFICATE OF BIATH with the contract of the contr THE SECRET AND MEDICAL PROPERTY.

A STATE OF THE STA The second school to be a second 10th resultates of the 196.2,1961 and the second of the second o The second second second Sound grant Service 188 Stephenson Service grant producer, and March of the same 11 Juns Land Sound matter and ----61 2/2 May 2/13 61 -. 115 Comment 3 posses 393126 creeke Tennings Hogerstown, Nd. hostel. Sale 10, 17:1 . Reat Places Contemp. S. Constatnets Massissing, Int. Uke, G. May 1

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2460

-		74.17.17	TION OF THUS	COT CET JEAT			
1.	PLACE OF DEATH a. COUNTY	ington	MARYLA	o. STATE	ENCE (Where deceased lived	b. COUNTY	before admission)
F	b. CITY OR TOWN (If RURAL and give nec	outside corporale limits,	write c. LENGTH OF STAY IN		OWN (If autside corporate li	mits, write RURAL and give	e nearest town)
		Sport	1 month		riestowi	V	021-
	OR INSTITUTION	AL (If nat in hospital, give		d. STREET AD		104	e. IS RESIDENCE ON A FARM?
L	W. 11, am.	sport dun.	itarium	5/	2 Samuel	27.	YES NO
3.	NAME OF DECEASED (Type or print)	Minnie	Middle Talbor	+ Shirle	4. DATE OF DEATH	February	Day Year 196/
S.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		9. AC	. 1	YEAR IF UNDER 24 HRS.
1	-emale	White w	VIDOWED DIVORCED	Dec. 1		t birthdoy) Months Do	oys Hours Min.
10	. USUAL OCCUPATIO	N (Give kind of work dor	ne 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLA	CE (State or foreign country	12.CITIZE	N OF WHAT COUNTRY?
		ng life, even if retired)		Phill	ipi W. VA	70	, S. A.
13.	FATHER'S NAME	- , , , , , -		14. MOTHER'S	MAIDEN NAME		
	John	Talbott			USTA HAT	nrick	
		IN U. S. ARMED FORCE f yes, give war or dates of service		17. INFORMANT		Address	
1,	at an	1 yes, give wer or deles or survi					
	18. CAUSE OF DEAT	TH [Enter only ane cause	e per line for (a), (b), and (c).]				INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Complant	1 1/20	cular	aridad	Some U
	33	IMMEDIATE CAUSE (a)_	Chenna	at UGS	Coldo	0001-141	303017
Е	3.3	DUE TO	C	1	ILTE	's a lowing	11
	Conditions, if on gove rise to in		Genera	11300	Mer	ro actions	19 76
	couse (o), stoting t	DITE TO					
_	lying couse lost.) (c)_					
é	PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
A.			nena				YES NO
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	Db. DESCRIBE HOW INJURY OC	CURRED. (Enter noture of	injury in Port I or Part II of	item 18.)	
K	20c. TIME OF INJURY	Month, Day, Year	20d. INJURY OCCURRED 2	Oe. PLACE OF INJURY (H	ame, farm, 20f. (City ar ta	wn) (Cou	unty) (Stote)
MEDICAL	Hour o.m.	19	While Not while	factory, street, office	bldg., etc.)		
1	p. m.		ot wark ot wark		//0 /	1 1/ /	1
	21. I certify that	(I) (this hospital)	attended the deceased f		19 6 4 to	the state of the s	that (U) (we) last
E		ed alive on tel	19 61 , and t	hat death occurred	at ZA.M. from the	causes and on the c	
	220-SIGNATURE	CA	- 120	ATTENDING	. MED ST	AFF	22b. DATE SIGNED
	///	10	THEY	M.D. PHYS.	DIRECTOR PH	íÝs.	
	22c. PHÝSICIAN'S NAME (Type)		0 111	22d. ADDRES	is of	, ~	3101112
		M.E.	674VKIT		illiams	- JACK	Md
23	RUPIAL CREMATION	M. E.	OYVKIT	ERY OR CREMATORY	illedm > 1	(City towns or county)	Ud
23	BURIAL, CREMATION	M. E. N, 23b. DATE THEREOF 2/7/6	23c. NAME OF CEMET	ERY OR CREMATORY	illedim > 1 234-JOCATION CHARL	(City, town, or caupty) (ES /OWA	USTOJE) UA.
L		2/7/6/	t may " a		230-JOCATION CHAR 250. REC'D BY REGISTRAR FEB 1 0 '61	(City, town, or coupty) ES 10 WN 25b. REGISTRAR'S SIGN Atlang 8 H	USO STOP VA.

private to have Systematical Land grad to the

PHYSICIAN: The law requires that the death certificate be exe

ATTENDIN

ir death. Page 4

within 24 haun

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2461

02407

1. PLACE OF DEATH a. COUNTY	Washing	gton	MARY			Md.	here deceased	lived. If instituti b. COUNTY			mission)
b. CITY OR TOWN (RURAL and give n Hagers		ts, write	LENGTH OF STAY		7. \		autside corpor	ate limits, write R	URAL and g	ive nearest 1	lawn)
d. NAME OF HOSPI OR INSTRUCTION	TAL (If not in hospital, greenberry	r Rd.	ldress)		d STREET A		Greenb	erry Ro	d.	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir Coreen		Middle Marie	Shu	Last		4. DATE OF DEATH	Mar Fel		y 21	Year 1961
S. SEX Female	6. COLOR OR RACE	7. MARRIE			ATE OF BIRTH	26,	1956	9. AGE (In years last birthday) yrs.	Manths	Days Ha	NDER 24 HRS urs Min.
3.7	ON (Give kind of work king life, even if retired One	dane 10b. KI	None	R INDUSTRY			ar fareign ca		12. CITI	ZEN OF WH	AT COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN	NAME				
Jam	es N. Shu	11			1	Jari	e McGi	111			
	R IN U. S. ARMED FOR		CIAL SECURITY NO	. 17. INFO				Add	Iress		
(Yes, no, or unknown)	(If yes, give war ar dates of s	ervice)		Mr.	James	s N.	Shull	Hag	ersto	own.	Md.
Canditians, if a gave rise to cause (a), stating lying cause last.	mmediate the under-) Ne	nabolism euro blasto			tast.				10	MOS
CATIC	HER SIGNIFICANT CON		INTRIBUTING TO DE						VEN IN PART	PE	REORMED?
OR CONTRIBUTING	MEDICAL EXAMINER)		TIBE HOW INJURY O	CCORRED. (E	nier nature a	i injury in	ran ran	ii di iieii ib.j			
20c. TIME OF INJUI Haur a.m. p. m.	RY Manth, Day, Ye	ar 20d. INJ While at wark	Not while at wark	20e. PLACE factory	OF INJURY (I , street, affice	Hame, farr bldg., et	m, 20f. (City	ar tawn)	(0	Caunty)	(State
saw the decea	at (I) (this haspital	1) attende $2/2/$				75	260 , .ta P.M., fram	/			l) (we) las ted above
22a. SIGNATURE	whend)	Asto		M.D			AED.	STAFF PHYS.		2	22b. DATE SIGNED
22c. PHYSICIÁN'S NAME (Type)	Richard	UA	· Young	-	22d. ADDRE	ss Hows	tom	Min	ng lon	١٤. '	,
23a. BURIAL, CREMATIC REMOVAL (Specify BURIAL)			23c. NAME OF CEM Sunset H		Tem . Ce	em	-	ION (City, town,	ar county)	enn	(State)
24. FUNERAL DIRECTOR	'S SIGNATURE	0=311	ADDRESS				D BY REGIST		STRAR'S SIC	SNATURE	

TO HOSPITAL ON VR A1S (4) 1SM 9/59

CONTROL DE LA CO Caraman and the contract of th

director,

death. Poge 4

and in any event, within 72 hours after

MADVIAND CTATE DEDADTMENT OF HEALTH

	DIVISION OF STA	TISTICAL RESEARCH A CERTIFICA		— BALTIMOR	E 1, MARYL	AND		0243	38
1. F	PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	2. USUAL RES	DENCE (Where d		If institutio COUNTY	NASH •	before admis	sian)
ł.	PLIPAL and give negrest town)	LENGTH OF STAY IN 16		TOWN (If outside ERSTOWN	e corporote lim	its, write RU	RAL and give	nearest tow	n)
W	d. NAME OF HOSPITAL (If not in hospital, give street addr STREW MARYLAND STATE HOSP	ess) PITAL	d. STREET 553 S.	ALEM AVE	•	1		ON	FARM?
-	NAME OF DECEASED Abbie	May	SMIT		DATE OF DEATH	Mont		24 24	Year 196
S. S	ENALE 6. COLOR OR RACE WHITE WIDOWED	NEVER MARRIED	B. DATE OF BIR	тн 1885	9. AGE	(In years birthday) 75 yrs.	Months Do	YEAR IF UND Hours	Min.
	. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired) HOUSEWORK		STRY 11. BIRTHE	PLACE (State or fo	reign country)			OF WHAT	COUNTRY?
	FATHER'S NAME ALLIS MINNER			S MAIDEN NAME MCAFEE					
	s, no, or unknown) (If yes, give war ar dates of service)	TAL SECURITY NO. 17. III	HARRY	SMITH 5	53 SAL	Addre		SERSTO	WN, MD
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	uremi	a					INTERVAL B ONSET AND	
	Conditions, if any, which (b)	rteriola	2 ne	phros	cler	0515		unte	now:
	gove rise to immediate cause (o), stoting the under-lying cause last.	yper ten:					ase	Ten (years
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	rebral 7	thron	160 Sis	DISEASE CONI	DITION GIV	EN IN PART 1	(a) 19. WAS PERFO YES	AUTOPSY DRMED?
F	20g. ACCIDENT WAS UNDERLYING T 20b. DESCRIB	E HOW INJURY OCCURRE	D. (Enter noture	of injury in Port I	or Part II of i	tem 18.)			

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Doy, Year

MEDICAL foctory, street, office bldg., etc.) Hour 0. m While Nat while at wark at work p. m

21. I certify that (I) (this hospital) attended the deceased from that (!) (we) lost and that death occurred ofsow the deceosed olive on. M, from the couses and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. MED.

22d. ADDRESS

22c. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY ROSE HILL

23d. LOCATION (City, town, ar county) HAGERSTOWN, MD.

CLEAR SPRING, MD. 24. FUNERAL DIRECTOR'S SIGNATURE CLARK

2/27/61

DATE THEREOF

BURIAL, CREMATION, REMOVAL (Specify)

25g. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE arihur S. Krues

(County)

(Stote)

(Stote)

TO HOSPITAL OF VR A1S (4) 1SM 9/S9 A PROPERTY OF THE STATE OF THE A STATE OF THE STA AND THE PARTY OF A SERVICE OF THE PARTY OF T

	2463 MED
1. P	PLACE OF DEATH Washington
Ь	D. CITY OR TOWN (If outside corporate limits, write RUI and give nearest town)
	Smithburg Rt.#2
d	I. NAME OF HOSPITAL OR INSTITUTION (IF no
	Holiday Acres
	NAME OF First
	(Type or print) Etta
5. 5	
	Female White w
10a.	. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
	Housewife
13.	FATHER'S NAME
	George Kline
15. (Yes.	WAS DECEASED EVERTIN U. S. ARMED FORCES. no, or unknown! (If yes, give wor or dates of service)
	No No
	18. CAUSE OF DEATH [Enter only one cause p
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	DUE TO
	Conditions, if ony, which) (b)
	gave rise to immediate cause ((a), stating the underlying DUE TO
	cause last. (c)
ATION	PART II. OTHER SIGNIFICANT CONDITION
ERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH.
DIC	20c. TIME OF INJURY Month, Day, Year Hour a, m,
×	p. m. 19
	21. I certify that I took charge of
	death resulted from: Natural cau
	ACTUAL A ST
	SIGNATURE VALUE
	EXAMINER'S NAME (Type)
22a.	BURIAL, CREMATION, 226. DATE THEREOF
	Burial 2/19/61
23.	FUNERAL DIRECTOR'S SIGNATURE
1	Andrew K. Coffman
	3

PLACE OF DEATH Reg. Dist. No.			MARYLA	ND S	TATE DEPAR	RTME	NT OF H	IEALTI	H-BA	LTIMORE, 1	18	. () .	-
PLACE OF PEATH c. COUNTY Washington Co. MARYLAND C. E. COUNTY Washington Co. MARYLAND C. E. COUNTY Washington Co. MARYLAND C. E. COUNTY Washington Co. C		2	463 MED	ICA	L EXAMIN	ER'S	CERTII	FICAT	E OF	DEATH	Reg. Dist. N	(, , ,	og
SCHOOL SENSITION Co. CONTRIBUTION Co. CONTRIBUTION Co. C	1.	PLACE OF DEATH					2. USUAL RES	IDENCE (W	/here decea	sed lived. If Institut			an)
S. SEX HOUTE Rt. 12 d. NAME OF HOSTIAL OR INSTITUTION (I not in hospital, give street oddress) 3. NAME OF HOLIDAY ACTES Find Middle Lost 4. DATE Month Day Very More Property of the Control of the Co		a. COUNIT	ashington	Co.	MAR	LAND	o. STATE	Mary	land	b. COUNTY	Washi:	ngton	
d. NAME OF HOSPITAL OF INSTITUTION (if in pai in hospital, give street eddress) 1. STREET ADDRESS 1. STREE	1	b. CITY OR TOWN (If out and give necrest town)	tside corporale limits, write RL	JRAL	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (IF	autside cor	porate limits, write	RURAL and give	nearest tawn)	
HOLICALY ACTES HOLICALY ACTES		Smithbu:			1 1				burg	Rt.#2			15
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Compared	3.	NAME OF		- 4	Middle		Losi			Month	Day	Year	г
5.55X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH P. AGE (bryver believe blook) PART I. DEATH WAS AUGUSTAN (consistency) N. DIRTHAGE (stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BROWN 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER TN U. S. ARMED PONCES; 16. SOCIAL SECURITY NO. 17. BINDORMANT Address 16. SOCIAL SECURITY NO. 17. BINDORMANT Address 16. SOCIAL SECURITY NO. 17. BINDORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line feg. (a), (b), and (c). PART I. DEATH WAS CAUSED BY MARRIED FORE AND PART II. DEATH WAS CAUSED BY MAID PONCES; 16. SOCIAL SECURITY NO. 17. BINDORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line feg. (a), (b), and (c). PART II. DEATH WAS CAUSED BY MAID PONCES 16. SOCIAL SECURITY NO. 17. BINDORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line feg. (a), (b), and (c). PART II. DEATH WAS CAUSED BY MAID PONCES 18. SOCIAL SECURITY NO. 17. BINDORMANT Address NO. MORRISON			Etta	Lec	na Smit	h				Februar	v 15	19	61
PENEAL E White Windows Divorce Aug. 13,1894 66 yr. County Do. USJAL OCCUPATION (give kind of work done in developed in the property of working life, even if retired) 10. USJAL OCCUPATION (give kind of work done in developed in the property of working life, even if retired) 11. MOTHER SMADEN NAME 1. MOTHER SMADEN NAME 12. CHIZEN OF WHAT COUNTR 13. FATHER'S NAME 1. MOTHER SMADEN NAME 14. MOTHER SMADEN NAME 1. MOTHER SMADEN NAME 15. WAS DECKASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INNORMANT 16. CAUSE OF DEATH [Enter only one couse per line foc. (a), [b), and [c)] 18. CAUSE OF DEATH [Enter only one couse per line foc. (a), [b), and [c)] 18. CAUSE OF DEATH [Enter only one couse per line foc. (a), [b), and [c)] 18. CAUSE OF DEATH [Enter only one couse per line foc. (b), [b] 19. WAS AUTOPSY PREFORMED 19. CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 19. CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PREFORMED PREFORMED 19. WAS AUTOPSY PREFORME	5. 5	SEX	S. COLOR OR RACE 7.	MARRIE	D NEVER MARRIE	D 🔲 8.	DATE OF BIRTH	1	1	9 AGE tin wants	IF UNDER TYEAR		
100. USUAL OCCUPATION (Give kind of work dane) 100. WIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 112. CITIZEN OF WHAT COUNTRY WOTH HOUSEWITE 12. CITIZEN OF WHAT COUNTRY HOUSEWITE 12. CITIZEN OF WHAT COUNTRY HOUSEWITE 13. FATHER'S NAME 11. AMOTHER'S MAIDEN NAME 12. LAND DECEASED EVER TH. U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. OF DEATH IS COUNTRY 16. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH IS COUNTRY 16. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH IS COUNTRY 16. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 10. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 10. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 10. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 10. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 10. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 16. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 10. SOCIAL SECURITY NO. 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INMEDIATE CAUSE (e) 17. INFORMANT AND LAND OF DEATH WAS CAUSED BY: INFORMANT 18. INFORMANT		Female	White w	/IDOWED	DIVORCED		Aug.	13.1	894		Manths Days	Haurs N	Ain.
13. FATHER'S NAME 14. MOTHER'S MADE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? To be desired univoidable to make the standard of the stand	10a	. USUAL OCCUPATION	(Give kind of work dan	10b. K	IND OF BUSINESS OR	INDUSTR		ACE (State	ar fareign	country)	12. CITIZEN C	F WHAT CO	DUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER TN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH Enter only one couse per line for_(a), (b), and (c).	,				own Home		0.0				1. d	U.S	. A.
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NO No No Mrs. Evelyn Flory Smithburg Rt 22	15. (Yes	WAS DECEASED EVER	TN U. S. ARMED FORCE	S? 16. S	SOCIAL SECURITY NO.	17. IN			14			100	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gave rise to immediate couse (c), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMEDY YES NO NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMEDY YES NO CAUSE OF DEATH. SICNIE OF INJURY Month, Day, Year Hour a, m. p. m. 19 Visite Not while of work of work of work. 20c. PLACE OF INJURY (Home, form, form) No. CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE EXAMINER'S NAME (Type) PART II. OTHER SIGNIFICANT CONTRIBUTION OF THE CONTRIBUTION OF TH				,	A PARTIE DE	Mr	s. Eve	lvn	Flors	7 Smit	hhuro l	R+ #2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEBT 1 or Part 1 or Part 1 or Part 1 or Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 or fitten 18.) 20c. TIME OF INJURY Month, Day, Year While Not while of work of work of work of work of work. 21. 1 certify that 1 took charge of the remains described above, held an Autopsy Inspection of work of work. 21. 1 certify that 1 took charge of the remains described above, held an Autopsy Inspection. 21. 1 certify that 1 took charge of the remains described above, held an Autopsy Inspection. 22. Accident Accident Autopsy Inspection. 22. Accident Accident Autopsy Inspection. 22. Accident Accident Autopsy Inspection. 22. Accident Autopsy Inspection. 23. Accident Autopsy Inspection. 24. Acci		Conditions, if ony, gave rise to immedia (a), stating the unc	DUE TO which to couse derlying DUE TO DUE TO	4	Meior of	/el:	esta)	Lee		Disas		3-1-1	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While at work 19 While at work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find the death resulted from: Natural causes . Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE	CATION		SIGNIFICANT CONDIT								EN IN PART 1(a)	PERFORM	AED?
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find the death resulted from: Natural causes . Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE		I PRIMARY LI OF CONTI	RIBUTING []	DESCRIBE	HOW INJURY OCCUI	RRED. (Er	iter nature af in	jury in Parl	1 or Port II	af item 18.)			
death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE	MEDICAL	Hour a. m.		While	Nat white	0e. PLAC facta	E OF INJURY (I	Home, farm bldg., etc.	20f. (Cit	y or tawn)	(County)		(State)
ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEP		death resulted fr					ide [], H	lomicide		ndetermined co			
Burial 2/19/61 Bethel Cemetery FOXVIIIe Fred. Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE FEB 2 0 '61 ADDRESS		EXAMINER'S NAME (Type)	JAEY	No	7,90	9	ASSISTA				2/16	161	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE FEB 2 0 '61 ADDRESS 247. REC'D BY REGISTRAR'S SIGNATURE FEB 2 0 '61	220											20.0	***************************************
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and the state of t					a special desired

al ar attending physician.

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TO HOSPITAL O.

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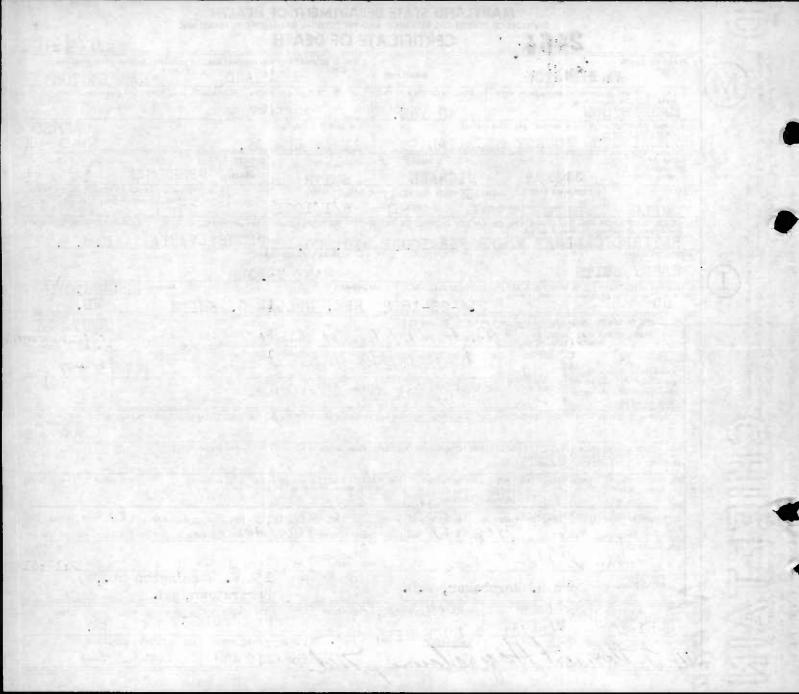
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

IGHT KEREVIGEL		KLOOK		MAPI
CERTIFIC	ATE	OF	DE	ATH

112440

				ISUAL RESIDENCE (W	here deceased		on: Residen	ce before odmi	ssion)
o. COUNTY WA	SHINGTON	MARYL	AND	MAR MAR	YLAND	b. COUNTY	WAS	HINGTO	N
b. CITY OR TOWN (If a RURAL and give near	outside corporate limits, write	c. LENGTH OF STAY IN	V 1b c	CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond g	give nearest tow	n)
HAGERSTO	WN	40 YR3		HAGER	STOWN		113		
d. NAME OF HOSPITAL	. (If not in haspital, give stree	et address)		d. STREET ADDRESS		STANK!	Homis	e. IS RE	SIDENCE A FARM?
WASHINGT	ON COUNTY H	OSPITAL	1	3 E. LEE	ST.		1		NO D
NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Man		Day	Yeor
(Type or print)	JOSEPH	MICHAEL	175	SMITH	DEATH	FEBRU	ARY	16	19 61
SEX	S. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months	1 YEAR IF UNE	T
MALE	WHITE WIDOW	WED DIVORCED		6/1/1901		59 yrs.	Months	Doys Hours	Min.
o. USUAL OCCUPATION during most of warking	(Give kind of wark dane 10)	b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State				ZEN OF WHAT	COUNTRY?
	CABINET MAK	ER FURNITH	RE MH	G. CO.	PENN	SYLVANI	A	U.S.A	
. FATHER'S NAME				MOTHER'S MAIDEN	NAME				
HARRY SM	ITH			MARY Y	EAGER				
. WAS DECEASED EVER	N U. S. ARMED FORCES? 16	6. SOCIAL SECURITY NO.	17. INFORM		and a de and a	Add	ress HA(GERSTO	WN
Yes, no, or unknown) (If	yes, give war or dates or service)	214-09-18	58 M	RS. NELL	IE G.	SMITH		MD.	
18. CAUSE OF DEATH	Enter only ane cause per							INTERVAL B	
PART I. DEATH	WAS CAUSED BY:	acute dili	to tion	e of hre	12			ONSET AN	
1420							W 10.	1	
Canditions, if any	which	Interiosch	siton	Stears 1.	histers	ŁE		10 to	7
gove rise to im		eours him	Lu	M fail.				0 10	
lying couse lost.	under-	en gesma	()	ye ye					9
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19. WAS	AUTOPSY
PART II. OTHER								PERF	ORMED?
20a. ACCIDENT WAS	UNDERLYING [] 20b. Df	ESCRIBE HOW INJURY OC	CURRED. (En	ter noture of injury in	Part I or Por	II of item 18.)		1123 [5	, 110
OR CONTRIBUTING E	CAUSE OF DEATH								
	Month, Day, Year 20d.	INJURY OCCURRED 2	Oe. PLACE C	OF INJURY (Home, far	m, 20f. (City	or tawn)	10	County)	(Stote)
	Whil	le _ Not while _	Oe. PLACE C foctory,	OF INJURY (Home, far street, office bldg., et	m, 20f. (City c.)	or tawn)	(0	County)	(Stote)
20c. TIME OF INJURY Hour a. m. p. m.	19 While at we	le Not while ark at work	foctory,	street, office bldg., et	c.)				
20c. TIME OF INJURY Hour a. m. p. m. 21. 1 certify that	(1) (this haspital) atter	le Not while ark at work anded the deceased f	foctory,	street, office bldg., et	c.)	2-1	6_, 19 <u>.</u> 6		(we) las
20c. TIME OF INJURY Hour a. m. p. m. 21. 1 certify that saw the decease	(1) (this haspital) atter	le Not while ark at work	foctory,	street, office bldg., et	c.)	2-1	6_, 19 <u>.</u> 6	that (I) added	(we) las
20c. TIME OF INJURY Hour a. m. p. m. 21. I certify that saw the decease 22a. SIGNATURE	(I) (this haspital) atterdal alive an	Not while ark at work anded the deceased for the legal and the deceased for the legal and the legal	ram	street, office bldg., et	C.) 257, ta	2 -/ the causes an	6_, 19 <u>.</u> 6	that (1) date state	(we) las d abave 2b. DATE SIGNED
20c. TIME OF INJURY Hour a. m. p. m. 21. 1 certify that saw the decease 22a. SIGNATURE	(1) (this haspital) atter	Not while ark at work anded the deceased for the legal and the deceased for the legal and the legal	ram	accurred at 7.4. ATTENDING V 6	257, ta	the causes an	€. 19.€ ad an the	that (1) a date state	(we) las
20c. TIME OF INJURY Hour a. m. p. m. 21. 1 certify that saw the decease 22a. SIGNATURE	(1) (this haspital) atterdalive an 31	Not while ark at work anded the deceased for the legal and the deceased for the legal and the legal	ram	street, office bldg., et	TA ATOM AED. 154 W.	2-/ the causes are STAFF PHYS. Washing	e 196 d an the	that (1) a date state	(we) las d abave 2b. DATE SIGNED
20c. TIME OF INJURY Hour a. m., p. m. 21. 1 certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	(I) (this haspital) atterdalive an 31 John H. Hor	Not while of work of w	factory, ram that death M.D.	ATTENDING PHYS.	AED. 154 W. Hagers	the causes and STAFF PHYS. Washing stown, Ma	e 196	L, that (I) e date state	(we) las d abave 2b. DATE SIGNEE 17:61
20c. TIME OF INJURY Hour a. m. p. m. 21. 1 certify that saw the decease 22a. SIGNATUR 22c. PHYSICIAN'S NAME (Type)	(I) (this haspital) atterd alive an 27 John H. Hor	nded the deceased for the last of the last	ram	ATTENDING PHYS.	AED. 154 W. Hagers	the causes and STAFF PHYS. Washing stown, Ma	e 196	L, that (1) e date state 2 2:	(we) las d abave 2b. DATE SIGNEE 17:61
20c. TIME OF INJURY Hour a. m., p. m. 21. 1 certify that saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	(I) (this haspital) atterd alive an 27 John H. Hor. 23b. DATE THEREOF 2/18/61	nded the deceased for the last of the last	factory, ram that death M.D.	accurred at A	AED. 154 W. Hagers	the causes are STAFF Washing Stown, Ma STON (City, town, AGERSTO	e 196	L, that (I) e date state 2 2: t.,	(we) las d abave 2b. DATE SIGNEE 17:61



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

2465 CERTIFICATE OF DEATH

	2465	CERTIFICA	TE OF DEATH		02441
o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution: b. COUNTY	Residence before admission) Vashington
RURAL ond give neare Hagersto	wn	c. LENGTH OF STAY IN 16	6	utside corporote limits, write RURA	AL and give nearest town)
OR INSTITUTION	(If not in hospitol, give street n County Ho		d STREET ADDRESS 200A Ta	ylor Ave.	e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	aude ^{First} Ma	y Snook	Last	4. DATE Month OF DEATH Februar	ry 28 Yeor 61
Female 6.	White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 24, 188	1 1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
Production		KIND OF BUSINESS OR INDU Aircraft	STRY 11. BIRTHPLACE (Stote of Church H		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Bradford	Wolf		Eliza D	Delauder	
S. WAS DECEASED EVER IN (Yes, no. or unknown) (If ye			NFORMANT Irs. Eleanor	Raidt Address	gerstown, md.
PART I. DEATH IM 155 Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	ediote under- DUE TO (c)	holenic.	golf Mas	MA	INTERVAL BETWEEN ONSET AND DEATH 3 MINUTES
S S		CONTRIBUTING TO DEATH BUT		NAL DISEASE CONDITION GIVEN	PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	None			
20c. TIME OF INJURY Hour o. m. p. m. 10	While	60	ACE OF INJURY (Home, form, ctory, street, office bldg., etc. none	, 20f. (City or town)	(County) (State)
saw the deceased		nco	M.D. ATTENDING ME PHYS. ME	M, from the causes and on the causes are caused by the causes are caused by the causes are caused by the cause of the causes are caused by the caused by	on the date stated above. 22b.DATE 3-1-01 eet-Hagerstown,
22- BURIAL CREMATION		Ten NAME OF STAFFERY O	P CPEMATORY	23d. LOCATION (City, town, or c	10.13
REMOVAL (Specify) BUTIAL 24. FUNERAL DIRECTOR'S SI	3-3-61	23c. NAME OF CEMETERY OR Rose Hill		Hagerstown	

7.315 A Light to the light of the light to the light of the lig . DA LIEUT MORNEY TO FRANCISCO TO THE TAX OF THE PARTY OF THE REPORT OF THE PROPERTY OF Service of the Control of the Contro 24 Edinforcement for employed trible said. - in Coles of AND THE RESIDENCE OF THE PROPERTY AND A SECURITY OF THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE J. MARYLAND

L		V401)	CERIII	ICAI	E OF DE	AIH		~		UK	44	2
1.	PLACE OF DEATH COUNTY Washington		<u>↓ = 11</u>	MAR	(LAND	2. USUAL RESIDE a. STATE Mary	-	2 757	ashing	Υ	dence befo	ore admiss	ion)
	b. CITY OR TOWN (If outside RURAL and give nearest to	corporate limit	ts, write	c. LENGTH OF STAY	1	c. CITY OR TO	WN (If o	outside corpo	rote limits, write		nd give ne	arest town)
L	Hagerstown			3 Wee.	ks	Blo	dus	ooko_	Hagers	town			110.3
	d. NAME OF HOSPITAL (IF no OR INSTITUTION Wash County			address)		d. STREET AD	PAT/ /	13.S.	Mulber	ry S	t.		IDENCE FARM?
2	NAME OF	- Fire		Middle	11	Last	74/	4. DATE	74 / 177	onth	D		Yeor
1	DECEASED	rie	31	VIOLA		YDER		OF DEATH	Febru		23]	961	
5.	SEX 6. CO	LOR OR RACE	7. MARR	IED NEVER MARRI	EDX 8	DATE OF BIRTH			9. AGE (In year	IF UNE	ER 1 YEAR		
L		nite	WIDOWI			Decembe		1880	lost birthdoy) 80 yr	111011111	s Days	Hours	Min.
10	 USUAL OCCUPATION (Give during most of warking life, 	e kind of work of even if retired)	done 10b.		OR INDUST				and Ca	12.0			OUNTRY?
	Secretary			Retired		Keedy			ash Co		L	JSA	
13.	FATHER'S NAME					14. MOTHER'S M							
L	Hiram S					- Other Parties	cin	da Go		200			
	. WAS DECEASED EVER IN U. is, no, or unknown] (If yes, giv	S. ARMED FOR	ervice)	SOCIAL SECURITY NO	_	ORMANT		-0.X		dress			
	No		81	7-12-182	8 J.				112 R	ando	lph	Ave	
	18. CAUSE OF DEATH [En		use per li	ne for (a), (b), and (c).	1 1	c H	age	rstow	m I.d.		INT	SET AND	TWEEN
	PART I. DEATH WAS	CAUSED BY:)	Bron	cha	Almu	4	ince	nome	L		14	L+-
	Conditions, if ony, whi)									0	
	gove rise to immedia couse (o), stoting the <u>und</u> lying couse lost.												
CERTIFICATION	PARTY. OTHER SIGN			CONTINUE TO DE	ath BUT N	NOT RELATED TO T	HETERMI	NAL DISEAS	ent de	IVEN IN F	ART 1(a)	19. WAS PERFO	AUTO SY RMED? NOTE:
	20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	ISE OF DEATH	206. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of i	njury in I	Port I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Mon Haur a. m. p. m.	th, Day, Yea	20d. If White at wor	NJURY OCCURRED Nat while k at wark	20e. PLA	CE OF INJURY (Ho ory, street, office b	me, form oldg., etc.	, 20f. (City	or tawn)		(Caunty)		(Stote)
	21. I certify that (I) (t												
	saw the deceased ali	ve on	3.00	B 161	that de	ath accurred	aty_r	M, from	the causes o	nd an	the date		
	226. PHYSICIAN'S	ind [1. K	Jugar	d "	.D. ATTENDING PHYS. X	DI DI	ED. RECTOR	STAFF PHYS.			720	b. DATE SIGNED
	NAME (Type)	T	P	1 D				MAC A	VENUE, H	AGER	STOWN	. Mo	
73	a. BURIAL, CREMATION, 23b	DATE THEREC		23c. NAME OF CEM	ETERY OF				TION (City, town			(Stot	
23	Burial 2/	36/67		Fairview		eterv	Ke	edvs		a sh	0 3	Md.	01
24	FUNERAL DIRECTOR'S SIGNA	ATURE		ADDRESS	7011			D BY REGIST		47 14 34	SIGNATU		
	Andrew K.	Coffma	n Ha	agerstown	Md.		ATEFF	8 2 8 '6	1 0	11 .	0 4		

Frontegnie Cancinia Endergrang Embelson, attendented west during 1 -PARTIE OF THE PROPERTY OF THE . B. L. L. LINE TYNNIC -VERDE. DESERVICING IN.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERT	TIEIC	A TE	OF	DEA	TL

Reg. Dist. No. (12443

		010					wag. D	131, 140, (; 10	XXU
	1. PLACE OF DEATH o. COUNTY	Vashington	MARYLAND	2. USUAL RESIDE	Pa.			nce before odmiss	ion)
	b. CITY OR TOWN (RURAL and give n Hagerst	If outside carporate limits, write earest town) COWN	c. LENGTH OF STAY IN 16		OWN (If outside con			give nearest town	SX-
)	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, give stree Martin Manor		d. STREET A		0.54 6	4	e. IS RES	
				20	W. Semin			YES	NO 🗌
	3. NAME OF DECEASED (Type or print)	MARY	ALICE	SOLLE	OF		Feb. 14		reor
	s. sex Fem.	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	3/15/	1878	9. AGE (lost bi	In years IF UNDE rthdoy) Months yrs.	Days Hours	R 24 HRS. Min.
	Housewi	king life, even if retired)	n Dept.store	Merc	ersburg		12. CI	TIZEN OF WHAT	COUNTRY?
1	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME	1			
)	Jacob Zimmer			an Scull	у			
	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16 (If yes, give wer or dates of service)	S. SOCIAL SECURITY NO. 17. I	NFORMANT			Address		
	no	1	162-07-6447	Harry (vercash	Merc	ersburg	, Pa.	
	Conditions, if of gave rise to it couse (a), stoling lying cause lost.	mmediate the under- CC (c)	Siloteral (obse d	2 ka Liliaanila	ecc.		INTERVAL BE ONSET AND	DEATH
í	3 gener	ulizel aster		- astere	a sclus X	ei h	eur Y ch	PERFO	RMED?
	U (IF EITHER, NOTIFY	AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in Port I or f	ort II of iten	n 18.)		
	20c. TIME OF INJUR Hour a. m. p. m.	Whil	1	ACE OF INJURY (I ctory, street, affice	fome, form, 20f. (C bldg., etc.)	ity ar town)		(County)	(Stote)
	21. I certify the alive an	Cluer Liv E		accurred at.	ADDRESS	om the co (Street, city	or town, state) on, Stree	the date state	deceased dabave. ATE SIGNED
		N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O				r, tawn, ar caunty)	(State)
ı	Burial	2/17/61	Fairview C	em.	M	ercer	sburg, F	a.	
N	23. FUNERAL DIRECTOR		ADDRESS		24a. REC'D BY REG	ISTRAR 2	4b. REGISTRAR'S SI	GNATURE	
	f.M.	Gennaer.	Mercersburg	, Pa.	DATE FER 2 1	'61	Chillian &	P. Kraus	

VS A1S (4) 1SM 9/SS

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	And the second companies will		doctoring	Marin St.
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	VISCON UNITED AND AND AND AND AND AND AND AND AND AN		nerski militari	
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	w		1 25515 25	
	C. Selfuec mot		namels dans	
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	The state of the s		MOLANIE CAROLI	

MARYLAND STATE OFFREMEND OF HEALTH-BALTIMORE-13

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VS A15 (4) 15M 9/SS

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			the state of the s

-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
ŀ	6403
1	1. PLACE OF DEATH o. COUNTY WASHINGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY D. COUNTY WASHINGTON
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) HACERSTOVYN 8 HOURS - 11LC-HMANTON
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION WASH, Co-Hospital TAIRPLAY MD-R1 YES D NO 20
F	3. NAME OF DECEASED (Type or print) HAREAL SIF STEVEALS DEATH FRRIARY 14 DATE Month Day Year OF DEATH FRRIARY 14 DATE MONTH DOY YEAR DEATH FRRIARY 15 DEATH FRRIA
1	S. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IT UNDER 1 YEAR IF UNDER 24 HRS
1	TEMALE WHITE WIDOWED DIVORCED 1/FC 1 1959 1 yrs. 2 3
	100. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	DALE STEVENS FRANCES MARSHALL
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NONE DALE STEVENS FAIRPLAY MD. R. /
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (s).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) De Russ of Texture PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)
	Canditions, if ony, which) DUE TO A cute farts - enterit- g 24 hours
	gave rise to immediate couse (o), stating the <u>under-lying couse last.</u> DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) o. m. While Nat while at work at work p. m.

14 -, 19-61, that (1) (we) last 1261 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an from the causes and on the date stated abave. 61, and that death accurred at 45 saw the deceased alive an 22o. SIGNATURE 22b. DATE

SIGNED

(Stote)

ATTENDING PHYS. MED. X M.D. 22c. PHYSICIAN'S 22d. ADDRESS North Main Street NAME (Type)

Boonsboro Md. Secondari DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION,

REMOVAL (Specify)

ADDRESS OONSBORO 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR DAPER 23 '6

may be retained by the ha TO HOSPITAL OF VR A1S (4) 15M 9/59

ATTENDI

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VS. A15ME(5) 5M 9/55

	D STATE DEPARTME				18 02	446	
2478 MEDI	CAL EXAMINER'S	CERTIFICAT	IE OF	DEATH	Reg. Dist. I	No. 30	3
1. PLACE OF DEATH a. COUNTY a shington	MARYLAND	2. USUAL RESIDENCE (W		Washin		before admir	sion)
b. CITY OR TOWN (If outside corporate limits, write RUR) and give nearest town) Hagers to wn	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corp	porate limits, write	RURAL and give	nearest tav	rn)
d. NAME OF HOSPITAL OR INSTITUTION (IF not	in hospital, give street address)	d. STREET ADDRESS	an P	Lace	1	ON	SIDENCE A FARM? NO TE
3. NAME OF First ORA ORA	ANN S	TOTLER	4. DATE OF DEATH	Feby 2	1961	79 Ye	ear P
	MARRIED NEVER MARRIED 8. DOWED DIVORCED	Date of Birth Dec 12 189	0	9. AGE (In years lost birthday) 70 yrs.	Months Days		R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWOIK	Own Home	Hagersto W	do-state .	sh Co M	12, CITIZEN	OF WHAT	COUNTRY?
John E. Stotler		14. MOTHER'S MAIDEN N Lutie V		mmers			m de
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service))	rormant iel D. Sto	tler	Address 147 Bel	llview	Ave	
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Su ffocotion	Hager			O	TERVAL BETWEE	тн
PART II. OTHER SIGNIFICANT CONDITIO		OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS A	

	House	NOIK	Own Home	nage	rstown	a 911	00 114	UDA
13	B. FATHER'S NAME			14. MOTHER	S MAIDEN NAME	45-1-1		
1	John I	E. Stotler		Lu	tie V.	Summe	rs	
15	. WAS DECEASED E	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		17. INFORMANT			Address	
	No	(ii) (ii) (iii) (i	None	Daniel D	. Stotl	er 14	7 Bellvie	ew Ave
		ATH [Enter only one cause pe	r line far (a), (b), and (c).]		Hagerst	town I	d.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEA	IMMEDIATE CAUSE (a)	Suffocation					Iwas (
	97	DUE TO			=======================================			
	Candilians, if							
	gave rise to imme							
	cause last.	(c)						
Z	- 1		NS CONTRIBUTING TO DEATH			DISEASE CON	DITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
3	WAY	zertensi've a	ar dis vascula	e diseas	2			YES NO NO
CERTIFICATION	200. EXTERNAL CA	USE WAS 20b. DE	SCRIBE HOW INJURY OCCURR					
	CAUSE OF DEATH	.)u:	stocoted from					ead.
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Year	20d. INJURY OCCURRED 20e White Not white	PLACE OF INJURY	(Hame, form, 20	of. (City or tov	m) (Cor	inty) (State)
MEC	Haur a.m.	2-1-1961	While at work at work	House		Hager	stown, u	vost. Md
	21. I certify t	hat I took charge of	the remains described	above, held a	n Autopsy], Inspec	tion [], Inquir	y Grand find that
	death resulted	d from: Natural caus	es, Accident,	Suicide 4	Homicide 🔲	, Undete	rmined cause 🗀	
	ACTUAL	Po O.	0.81					DATE SIGNED
-	SIGNATURE	dward W	W1790-111	111.0. 11.	MEDICAL EXAMIN			
	EXAMINER'S	- 11 70 4			ANT MEDICAL EX			- 11 11 -
	-		to 111, M.D.		Y MEDICAL EXAM			2/4/61
	REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETER			`	City, tawn, or county)	(State)
	Burial FUNERAL DIRECTO	3/5/61	Rest Haven	Cemeter			own Wash	
23				N. a	24a. REC'D BY		24b. REGISTRAR'S SIG	
L	Andrew	A. Collman	Hagerstown	Ma.	DATE FEB 7	'61	arthur S.	Tirella

CERTIFICATE CA DEATH CONTROL	PRIMITING AND THE SANDLESS
Description of the second of t	
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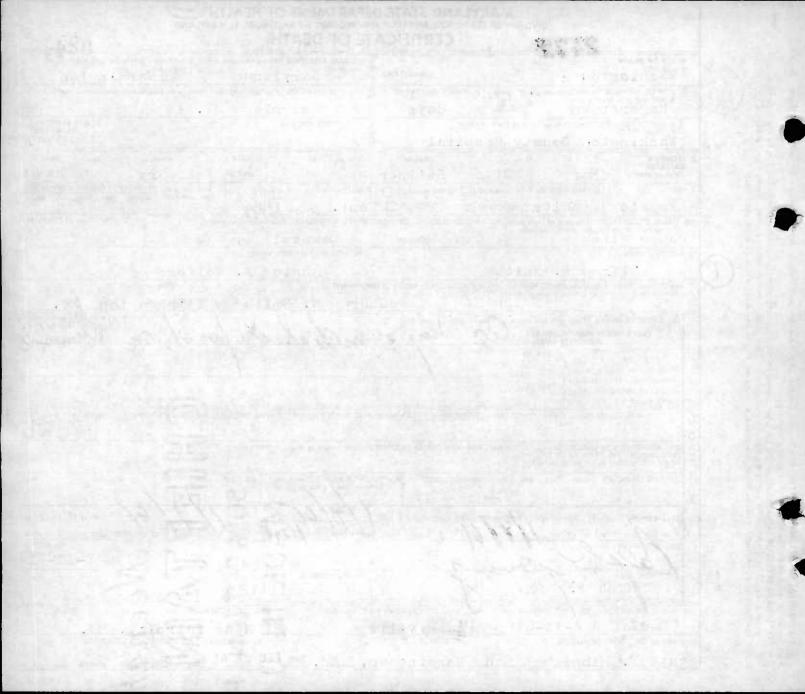
	DIVISION O	F STATISTICAL RESEARCH A	ND RECORDS — BALTIA	MORE 1, MARYLAND	
	9271	CERTIFICA	TE OF DEATH		02447
1. 1	PLACE OF DEATH o. COUNT Washington	MARYLAND	2. USUAL RESIDENCE (Who Maryland	ere deceased lived. If institution b. COUNTY Wa.S.h	n: Residence before admission)
ŀ	B. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)			utside corporate limits, write RU	JRAL and give nearest town)
We	Hagerstown d. NAME OF HOSPITAL (If not in hospitol, give street or institution estern Md. State Hos	# months pital	d. STREET ADDRESS	Chaplin St.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Tho mas	Rodney	5 Wain	4. DATE Mont OF DEATH	Day Year 196 IF UNDER 1 YEAR IF UNDER 24 H
-	Ma Ta Lillad 4 -	RRIED NEVER MARRIED	October 4,	lost_birthdoy)	Months Poys Hours Min
10a	n. USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTS
13.	FATHER'S NAME Frank Swain		14. MOTHER'S MAIDEN N	(Unknown)	
	WAS DECEASED EVER IN U. S. ARMED FORCES? I I I yes, give wor or dates of service	37	IFORMANT	iss Hagersto	Total Asset Total
	1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:	line for (o), (b), and (c).]	2020000	throughou	ONSET AND DEAT
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost. (c)	acute (thrombos. lesosis	onset and deat 30 min
AL CERTIFICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCONTRIBUTING TO DEATH BUT SCONTRIBUTING TO DEATH BUT AP 999 ESCRIBE HOWINJURY OCCURRE WEEKS AGU F	NOT RELATED TO THE TERMI NET ALIZED A D. (Enter nature of injury in I Ell, Sustain	NAL DISEASE CONDITION GIVE Exteric Scle Part I or Part II of Item 18.) My fracture	EN IN PART 1(0) 19. WAS AUTOF PERFORMED YES NO J left hip
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNIFICANT CONDITION TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d Hour a.m. p. m. 19	SCONTRIBUTING TO DEATH BUT SCONTRIBUTING TO DEATH BUT ESCRIBE HOW INJURY OCCURRED WEEKS AGU INJURY OCCURRED To Not while, for or work of work	NOT RELATED TO THE TERMI LE CALLY LA CO D. (Enter nature of injury in I ALC, Sus Lain ACE OF INJURY (Home, farm actory, street, office bldg., etc.	NAL DISEASE CONDITION GIVE TERROR SCLENE SCLENA SCRENA (Part I of item 18.) My fracture (City or town)	EN IN PART 1(0) 19. WAS AUTOF PERROPMED YES NO
CAL	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNIFICANT CONDITION TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d Hour a.m.	SCONTRIBUTING TO DEATH BUT SCONTRIBUTING TO DEATH BUT A P GG ESCRIBE HOWINJURY OCCURRED INJURY OCCURRED To Not while or work of work of the deceased fram 19 D , and that of the second part of t	NOT RELATED TO THE TERMI LEVALIZED A D. (Enter nature of injury in I LL) Sus tain ACE OF INJURY (Home, farm ctory, street, office bldg., etc. LOL 29 19 ACTENDING MI	Part I or Part II of item 18.) My fractive of the part II of the	EN IN PART 1(0) 19. WAS AUTOF PERFORMED YES NO JOHN FOR THE COUNTY (ST
CAL	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d Hour a.m. p.m. 19 of w	SCONTRIBUTING TO DEATH BUT SCONTRIBUTING TO DEATH BUT A P GG ESCRIBE HOWINJURY OCCURRED INJURY OCCURRED To Not while or work of work of the deceased fram 19 D , and that of the second part of t	NOT RELATED TO THE TERMI LEVALIZED A D. (Enter nature of injury in I LL) Sus tain ACE OF INJURY (Home, farm ctory, street, office bldg., etc. LOL 29 19 ACTENDING MI	NAL DISEASE CONDITION GIVE TERROR SCIENCE SCIENCE SCIENCE SCIENCE (Cart I or Facture of the County o	EN IN PART 1(0) 19. WAS AUTOF PERFORMED YES NO JOHN FOR THE COUNTY (ST
MEDICAL	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITION PART III. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d Hour a.m. p.m. 19 of we will be saw the deceased alive an Accident of the saw the deceased alive and the saw the saw the deceased alive and the saw the saw the deceased alive and the saw the saw the saw the deceased alive and the saw t	SCONTRIBUTING TO DEATH BUT SCONTRIBUTING TO DEATH BUT A P GG ESCRIBE HOWINJURY OCCURRED INJURY OCCURRED To Not while or work of work of the deceased fram 19 D , and that of the second part of t	NOT RELATED TO THE TERMINARY AND LETTER AND	NAL DISEASE CONDITION GIVE TERROR SCLENA SCLENA SCLENA STAFF RECTOR STAFF PHYS. STAFF PHYS. Sharnsburg	PERDORMEDING YES NO John John John John John John John John

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MADVIAND STATE DEDADTMENT OF HEALTH

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DIVISION OF STATISTICA	L RESEARCH AND	RECORDS E	BALTIMORE	I, MARYLAND

	Thom 9	D-1-000	E OF DEATE	-			1	121	42
1. PLACE OF DEATH O. COUNTY Washington	1 0 6 M	MARYLAND	2. USUAL RESIDENCE (Work of STATE Mary1		lived. If institution b. COUNTY	wa sh			ian)
b. CITY OR TOWN (If autside corporate RURAL and give nearest town) Hagerstown		days	c. CITY OR TOWN (IF	A LONG TO SERVICE AND ADDRESS OF THE PARTY O	ate limits, write RI	URAL and	give nea	rest tawn)
d. NAME OF HOSPITAL (If not in hospi or INSTITUTION Washington Cou	tal, give street address)		d. STREET ADDRESS	lay 1			•		IDENCE FARM?
3. NAME OF DECEASED (Type or print) Mary	First Etta	Middle Switzer	Lost	4. DATE OF DEATH	Mon Februa		Day	_	Year 19 61
s. sex 6. COLOR OR R. Whit	ACE 7. MARRIED NEW		pate of Birth 1	875	2. AGE (In years last birthday) 85 yrs.	IF UNDER	Days	/	
10a. USUAL OCCUPATION (Give kind of v during mast of warking life, even if re House if e	vark dane 10b. KIND OF B	Home	Downsvi		untry) Md	12. CIT	IZEN OF	WHATC	OUNTRY
13. FATHER'S NAME Alfred E.	Smith		14. MOTHER'S MAIDEN Annie		Volford				
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give war or dat		~	ormant orge W. Sm	ith	Adde Tilgh		on	Ma	
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.	(b)	ING TO DEATH BUT N		Y					
PART 11. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI		OT RELATED TO THE TERA	NINAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(a) 11	PERFO	RMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN			(Enter nature of injury in			EN IN PAI	RT 1(a) 11	PERFO	RMED?
	20b. DESCRIBE HOW	/ INJURY OCCURRED. URRED 20e. PLAC factor		Part I ar Part	II af item 1B.)		Caunty)	PERFO	NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	20b. DESCRIBE HOW NATH NER) Year 20d. INJURY OCC While Nat wark at war	/ INJURY OCCURRED. CURRED 20e. PLAC facto facto	(Enter nature of injury in EE OF INJURY (Hame, far iny, street affice bldg., e	m, 20f. (City of c.)	II af item 1B.)	6/	Caunty)	PERFO YES at (1) (1)	(State
20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING III CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN 120c. TIME OF INJURY Manth, Day, Haur a. m. p. m. 21. I certify that (I) (this hosp saw the deceased alive an	20b. DESCRIBE HOW NATH NER) Year 20d. INJURY OCC While Nat wark at war	URRED 20e. PLAC factors becaused fram	(Enter nature of injury in EE OF INJURY (Hame, far iny, street affice bldg., e other accurred of 2 other a	m, 20f. (City	Il af item 18.) or tawn) le causes an	6/	Caunty)	PERFO YES at (1) (1)	(State
20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINATION, P. m. 21. I certify that (I) (this hose saw the deceased alive an	Year 20d. INJURY OCC. While Nat wat wark at wark 19 at war 19 at wark 19 at war 19 at	CURRED 20e. PLAC focto while leceased fram	(Enter nature of injury in the control of the contr	Part I or Part m., 20f. (City 2	Il af item 18.) or tawn) Ve causes an STAFF PHYS. PON (City, tawn, or Fairp	d on the	Caunty) , the date 2	at (1) (1) (1) stated 221 (2 - 1 0)	(State we) last abave b. DATE SIGNER



within 24 hour

HYSICIAN: The low requires that the death certificate be exect

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TO FUNERAL DIRECTOR: After

VR A1S (4) 1SM 9/S9

ATTENDIN

TO HOSPITAL ON

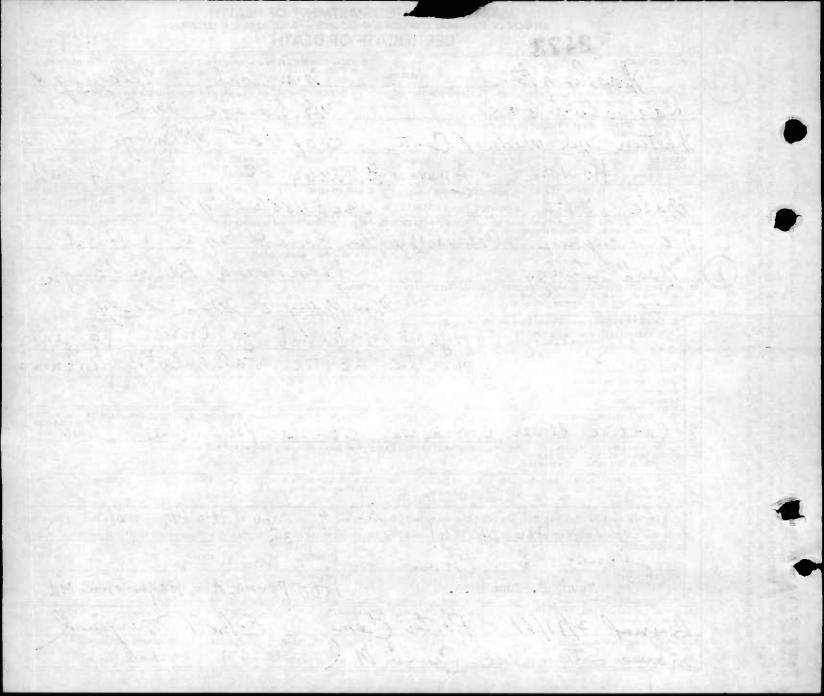
ATE DEPARTMENT OF HEALTH EARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIN

2477

02449

- 14		
1	1. PLACE OF DEATH O. COUNTY Mashing ton MARYLAND 2.	a. STATE Maryland b. COUNTY allegury
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown MD	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest two)
	8. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Western and Medicist Center	d. STREET ADDRESS B of 468 MI Servey On A FARM? YES \(\sum \) NO [2]
Ì	3. NAME OF DECEASED (Type or print) Howard Andrew B	TWIGG DEATH 2 14 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D. D. D. DIVORCED C. DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Juring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		14. MOTHER'S MAIDEN NAME Blowband
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOI	o. Many E. M. Mesly
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conges Time	heart failure Interval Between ONSET AND DEATH
	Conditions, if ony, which) DUE TO Syphilitic A	Aortic Valvulitis unknown
	gove rise to immediate couse (o), stating the <u>under-lying couse last.</u> DUE TO Column Column	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELETED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES D NO YES D NO
	Cardiac Liver Cirrhosis 20g. Accident was underlying 20b. Describe How Injury Occurred. (E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Partel or Port II of item 18.)
		E OF INJURY (Home, farm, y, street, office bldg., etc.) (City or town) (County) (Stote
	21. I certify that (I) (this haspital) attended the deceased frames saw the deceased alive an Telan 19 by and that dea	ath accurred at 200M, from the causes and an the date stated above
	220. SIGNATURE	ATTENDING MED. STAFF SIGNED
	NAME (Type) Young E. Chun M.D.	1500 Penna. Ave. Hagerstown, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CO	em Eshar Maryland.
	24. FUNDENT DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE EB 2 0 '61 Cuthur & Hagua



	•	1		
YSICIAN: The law requires that the death certificate be exect in within 24 hour		certificate has been signed by the attending physician and campletely filled in by the funeral director,	e as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	herein growning or sometime and in man second in the second and th
YSICIAN: The law requires th	ar attending physician.	certificate has been signed by	e as the burial-transit permit.	burial companion or some

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	MIM	KILA	UV	SIAIC	UEL	AKIM	CIN	I Or	HEAL	LIH	
VISIC	ON OF	STATIST	ICAL	RESEARCH	AND	RECORD	s —	BALTIM	ORE 1,	MARYLA	AND
			CE	TIELC	ATE	OF	SE/	ATL			

		9471	ION OF			ND RECORDS — BALTIA TE OF DEATH	MORE 1,	MARYLAND		112	451	()
	PLACE OF DEATH o. COUNTY	Washingto	n	MARY	LAND	2. USUAL RESIDENCE (Who		d lived. If institution b. COUNTY		ce befor		sion)
	b. CITY OR TOWN (RURAL ond give n Hagers		ls, write	c. LENGTH OF STAY 2 weeks		c. CITY OR TOWN (If or Everett	utside corpo	rote limits, write RL	JRAL ond	SX	rest town	n)
	QR INSTITUTION	ston Count				d. STREET ADDRESS 10 Main	St.					FARM?
	NAME OF DECEASED (Type or print)	Russe	11	Middle Lewi		Wigfield	4. DATE OF DEATH	Mont	Feb.	Da 2:	,	Yeor 19 61
L	male	white	WIDOW			B. DATE OF BIRTH March 11, 1		lost birthdoy) 7 yrs.	Months	1 YEAR Doys	Hours	Min.
100	during most of worl	ON (Give kind of work of king life, even if retired) 10 WN	lone 10b.	KIND OF BUSINESS O	R INDUS	Bedford			12. CITI	ZEN OF	WHATC	OUNTRY
13.	FATHER'S NAME	James C.	Wig	field		14. MOTHER'S MAIDEN N		lizabeth	Hov	vsa	re	
1S. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16.	SOCIAL SECURITY NO		rs. Walter	Well:	Addres, Hager		vn,	Md.	
		ATH [Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE (o)				Hemorrhage				INTE	RVAL BE ET AND day	TWEEN
	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediote (DUE TO		Labar	Pe	numonia				1:	2 da	ıys
ERTIFICATION		IER SIGNIFICANT CON	DITIONS			NOT RELATED TO THE TERMIN			EN IN PAR	T 1(o) 1	PERFO	AUTOPSY PRMED? NO
0	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				D. (Enter noture of injury in Po						
MEDICAL	Hour o.m. p.m.	Y Month, Doy, Yea	While of wor	k ot work	foo	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)				County)		(Stote
	21. I certify that saw the decease	t (I) (this hospital) attend	ded the deceased	from_ that d	eath occurred at a	M, from	2-2/	19_G	L, the	at (I) (we) last

saw the deceased alive on 220. SIGNATU

22d. ADDRESS

Fairview Cemetery

STAFF PHYS. |

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

23a. BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25a. REC'D BY REGISTRAR

Bedford Co., Penna GISTRAR 25b. REGISTRAR'S SIGNATURE

VR A1S (4) 15M 9/59

TO FUNERAL DIRECTOR: After the page 3 should be detached far the State Board of Health prior

23b. DATE THEREO

2-25-61

Scott F. Minnich & Son, Hagerstown, Md. DATE FEB 2 4 '61 arthur S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH

302

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

302 2475

RYLAND	0245

1.	PLACE OF DEATH a. COUNTY			MARYLA	AND	2. USUAL RESIDENCE (W. o. STATE	2 777	b. COUNTY,		ce befor	e admissi	an)
	Washin	r outside corporate limits	write	c. LENGTH OF STAY IN	J 1h	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	RURAL and give ne	earest tawn)		5 Wee		Hagerstown						
-	d. NAME OF HOSPIT	TAL (If not in hospital, giv	e street		TO	d. STREET ADDRESS	GET B LOW.	[]			. IS RESI	DENCE
387	OR INSTITUTION		da 7				tietam :	Dadaro				FARM?
=	ashing to		-	ital				-		-		
3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mon		Day		ear
	(Type or print)	CLARENCE		WASHINGTO		WILEY		bruary		196	1000	9
S.	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		B. DATE OF BIRTH		AGE (In years last birthday)	Months Months	Doys	Hours	Min.
	Male	White	WIDOW	DIVORCED		October 19	1878	82 yrs.		00/1		
100	during most of work	ON (Give kind of work do king life, even if retired)	ne 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	e ar foreign caunt	rry)	12. CITI	ZEN OF	WHATC	OUNTRY?
-	Labore			Hotel		Willsons	Wash C	o Md.		USA		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Georg	e Wilev				Elizabe	th Bow	ers				
	WAS DECEASED EVE	R IN U. S. ARMED FORC		SOCIAL SECURITY NO.	17. IN	FORMANT	7 011 - 0 11	Addi	ress			
(Y4	NO NO	(If yes, give war or dates of ser	4 4 4 4	3-24-8649A	На	rry W. Wil	Ley Hag	erstow	n Md	. R	#	1
F		ATH Enter only one cau					***	02000				WEEN
		TH WAS CAUSED BY:	e per in	ine rol (0), (0), ond (c).		0 /563	Road				RVAL BE	
	100	IMMEDIATE CAUSE (a)_		arcin	100	ra of the	accy			18-	-36	20.
	101	DUE TO		10/10		1/ 4	1					.0020
	Conditions, if a			- Votrock	SNZ	e Heart 0)	esere			12	- 5 4	u -
	cause (a), stating											
	lying cause last.	(c).		Corres (100	ous Person	2				ysa	27.
ON N	PART II. OTH	HER SIGNIFICANT COND	ITIONS (CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	UTOPSY RMED?
CATION										100		NO 4
CERTIFI	20g. ACCIDENT WA	AS UNDERLYING []	Ob. DES	CRIBE HOW INJURY OC	CURREC	. (Enter nature of injury in	Part I ar Part II	of item 18.)				
S	(IF EITHER, NOTIFY	CAUSE OF DEATH										
13	20c. TIME OF INJUR	RY Month, Day, Year	20d. II	NJURY OCCURRED 2		CE OF INJURY (Hame, for		town)	(0	Caunty)		(Stote)
MEDI	Hour a.m.	19	While at war	Not while	fac	tary, street, affice bldg., et	(c.)					
>	p. m.					Vien to	6 2	il. l.	.6		-	
	21. I certify the	at (1) (this haspital)	attend	_ 60		1)	9 1.ta 7	6/6				ve) last
	saw the deceas	sed prive on A	7	19@/_ , and t	hat d	eath accurred at	M, from the	e causes an	d on the	e date		-
	220. SIGNATURE	(1/1/10)				ATTENDING .	MED.	STAFF			22	SIGNED
	1 my	1 XXXXXXX	un	~	- 1	A.D. PHYS.	DIRECTOR L	PHYS.			71	461
	226. PHYSICIANS NAME (Type)	Philip J	Hirs	shman, M.D.		22d. ADDRESS]	59 W. Wa	shingto	on St			
			****	, , , , , , , , , , , , , , , , , , ,			agerstow	m. Mary	vland			
23	BURIAL, CREMATIC	ON, 23b. DATE THEREOF		23c. NAME OF CEMET	ERY OF	RCREMATORY	23d. LOCATIO	N (City, town,	or county)		(State)
	REMOVAL (Specify)	2/13/61		Rest Have	en (Demetery	Hager	stown	magh	G.	Md	
24.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			D BY REGISTRA		STRAR'S SI	GNATUR	E	
	Andrew	K. Coffman	n Ha	agerstown	Md.	DATE	EB 1 4 '61	a	Thung &	4		
						1				5600		

Manual Colonia

may be retained by the host

VR A15 (4) 15M 9/59

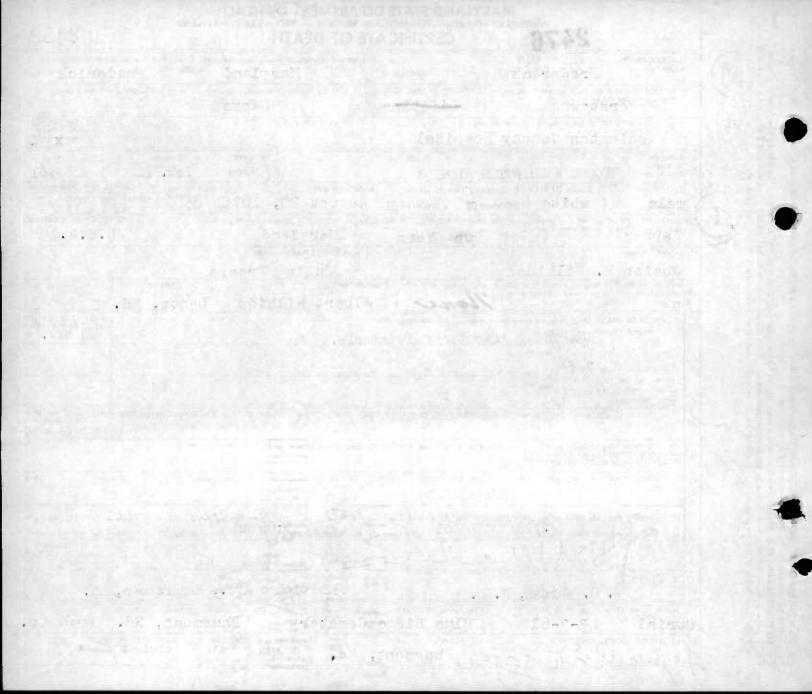
ATTENDIN

TO HOSPITAL OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02452

1. PLACE OF DEATH o. COUNTY	Washingto Frédéric	n M	MARYL	AND	2. USUAL RESIDENCE (WHO o. STATE Mar	yland	ived. If institution b. COUNTY	_	deric	- /
b. CITY OR TOWN (RURAL and give n Hager	(If outside corporate limiteorest town)	ts, write	c. LENGTH OF STAY II	1	c. CITY OR TOWN (If o	outside corporot Lantz	e limits, write R		ive nearest 1	-
d. NAME OF HOSPI OR INSTITUTION Washir	TAL (If not in hospitol, garden Cour	nty F	oddress) Rospital		d. STREET ADDRESS				O	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print) G	EORGE WASH]		Middle N WILHIDE		Last	4. DATE OF DEATH	Feb.	_	Doy	Yeor 1961
s. sex male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED		DATE OF BIRTH August 20,	1875	AGE (In years lost digthdoy) yrs.	-	Doys Hou	NDER 24 HRS. urs Min.
00. USUAL OCCUPATION of World Parmer	ON (Give kind of work rking life, even if retired	done 10b.	Own Farn		ry 11. Birthplace (Stote Marylan		ntry)		U.S.A	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
	E. Wilhid				Julia	Freez				
(Yes, no. or unknown) No	ER IN U. S. ARMED FOR IIf yes, give war or dates of s		Mone	.,	ORMANT Albert Will	nide	Lantz			
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-)	senteric Th							ND DEATH
CATIC	"- tekin				NOT RELATED TO THE TERMI			'EN IN PART	PE	AS AUTOPSY RFORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Port I or Port I	l of item 1B.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	or 20d. It While of work	Not while	PLA foct	CE OF INJURY (Home, form ory, street, office bldg., etc	, 20f. (City o	r town)	(C	County)	(Stote)
21. I certify the saw the deced 220. SIGNATURE	2/2		led the deceased f		eath occurred at 5:0	ED.	ne causes an			l) (we) last ted abave. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	. G. Warden		D.	M	22d. ADDRESS 832 Potoma	ac Ave.			Md.	
230. BURIAL, CREMATIC BULLIA (Specify		OF .	Blue Ric		Cemetery		on (City, town,			Stote) ed Co.
24. FUNERAL DIRECTOR	1150	na	ADDRESS Thurmo	ont.		D BY REGISTRA		strar's sic		



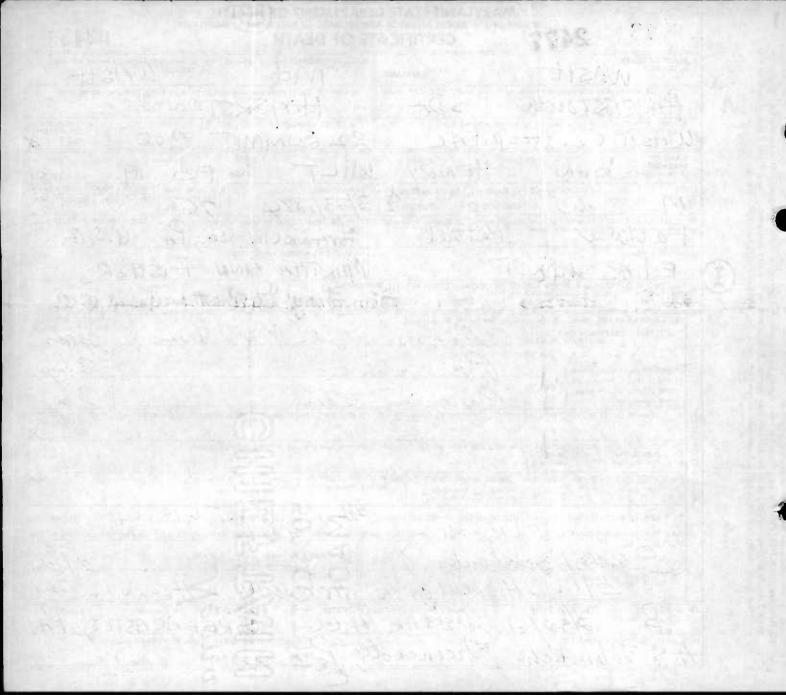
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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22c. PHYSICIAN'S NAME (Type) 23c. BURIAN CREMATION, REMOVED (Specify) 23c. MAME OF CEMETERY OR CREMATORY REMOVED (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE 25c. REC'D		220. SIGNATURE	2/11/	1	ATTENIONIC / W	FD 67455	22b. DATE / SIGNED		
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230. BURIAY OREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY REMODIA (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE 250. REC'D		22c. PHYSICIAN'S NAME (Type)	F11. 811	0.11 1	22d. ADDRESS	1/	7-1		
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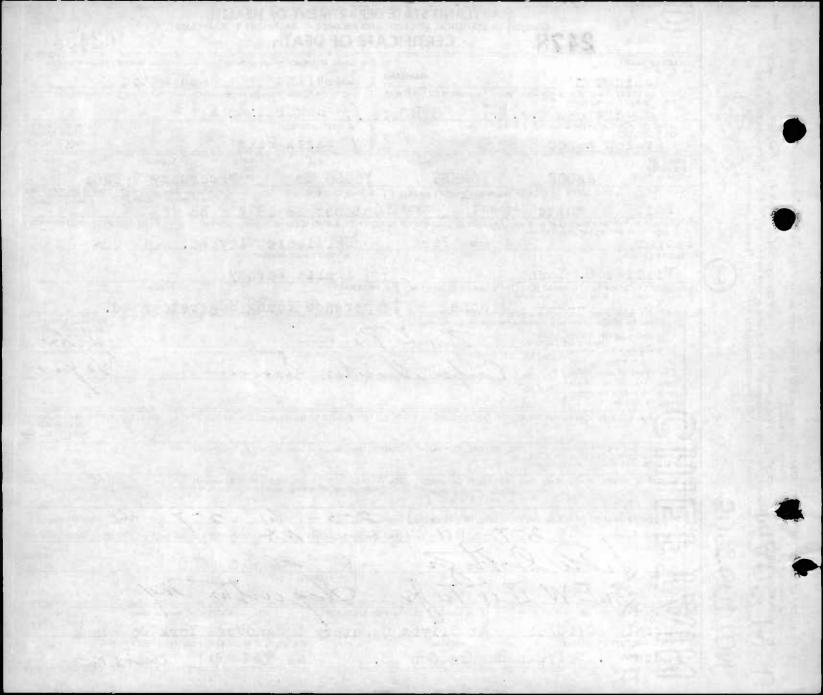
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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O HOSPITAL ON ATTENDING HYSICIAN: The low requires that the death certificate be executed within 24 hours. I death. Page 4 may be retained by the has, or ottending physician.	PEUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 sharted be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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3.	NAME OF DECEASED	First		Middle		Lost		4. DATE	Mor	th	Do	ıy	Yeor
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S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8.	DATE OF BIRTH			9. AGE (In years lost birthdoy)			1	ER 24 HRS
	Male	White	WIDOWED	DIVORCE	o D Oc	tober 2	28 1	875	85 yrs.	Months	Days	Hours	Min.
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	FATHER'S NAME					14. MOTHER'S M	AIDEN N.	AME		W. 16		10	1
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	18. CAUSE OF DEAT	TH [Enter only one cou	se per line for (o), (b), ond (c).	1	I	₹.#	6			INT	ERVAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY:	*	Berneh	w /2	reconve	in				4	PK	NO I
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	lying couse last.	(c)_			- 11/-							4.0	
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CAL	20c. TIME OF INJURY	Month, Doy, Year	20d. INJURY	OCCURRED		E OF INJURY (Ho			or town)		(County)		(Stote
MEDI	Hour o.m. p.m.	19	While N	ot while	foctor	ry, street, office b	idg., etc.))					
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	22c. PHYSICIAN'S NAME (Type)	EWI	7,7	To 8		22d. ADDRESS	in	ester	in m	4			
230	BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. I	NAME OF CEM	ETERY OR	CREMATORY		23d. LOCAT	ION (City, Iown/	or county)		(Sto	te)
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24.	FUNERAL DIRECTOR'S			DDRESS		2	So. REC'D	BY REGIST	4-0	STRAR'S S			
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IN TOTAL OF ATTENDIAL PROPERTY THE TOW REQUIRES THAT THE DEGIN CEPTIFICATE DE EXECUTE WITHIN 24 HOUTE PE DEGIN	SM	TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completely filled in by the funer	Sa page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be	1

	MARYLAND	STATE DEPARTM	ENT OF HEALT	H-BALTIMORE,	, 18	
	9470	CERTIFIC	ATE OF DEAT	Н	Reg. Dist. No.	0245
o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If insti		e admission)
b. CITY OR TOWN	V (If outside corporate limits, write a nearest town)	c. LENGTH OF STAY IN 16	02 11.	outside corporate timits, writ	le RURAL ond give ne	rest lown)
A A	SPITAL of not in hospital, give street of Shing to Co-	Hospital	d. STREET ADDRESS	1 21/		ON A FARM
NAME OF DECEASED (Type or print)	Charlotte	Middle Barnhar	+ Zimbatha	DEATH FORK	Month Doy	1961
Female	6. COLOR OR RACE 7. MARR WIDOWE	RIED NEVER MARRIED	B. DATE OF BIRTH Sentember 27	9. AGE (In year lost birthda	Ors UNDER 1 YEAR Months Days	Hours Min
during most of y	ATION (Give kind of work done 10b. porking life, even if retired)	House Korping	STOP 11. BIRTHPLACE (STOP	or foreign country) A Co. Penn	9 12. CITIZEN OF	SA.
3. FATHER'S NAME Da	vid Barnhar	+	14. MOTHER'S MAIDEN	illa Shook		
5. WAS DECEASED E	EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	ss Jane &	James 1	Horger	tan,
	DEATH [Enter only one couse per lin DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (0), (b), and (c).]	able	ulae.		ET AND DEATH
Conditions, if gave rise to couse (o), statillying couse los	ng the under-	pertension	Cardin Va	estular N	liceone	8 41
PART II. C	OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(0) 19	WAS AUTOP PERFORMED? YES NO
	WAS UNDERLYING TO 20b. DESC NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part 1 or Port II of item 18.)		
20c. TIME OF INJ Hour o. n p. n	m. While	NJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, forectory, street, office bldg., etc.	n, 20f. (City or tawn)	(County)	(Sta
	that I attended the decease		195 5, to	2	that I last sa	
ACTUAL SIGNATURE	Robert 9	Courad	accurred at 2	ADDRESS (Street, city or too		e stated ab DATE SIG
PHYSICIAN'S NAME (Type)	Robert P. C	omrad	⊘ ^t	fagerstown	villed	
220. BURIAL, CREMAT	TION, 226. DATE THEREOF	Broad Stoke	R CREMATORY	22d. LOCATION (City, tow	rn, pr county)	(Stote)
3. FUNERAL DIRECTO	DR'S SIGNATURE	DORESS			EGISTRAR'S SIGNATURI	
,	1	7	DATE F	EB 1 0 '61 (County S. Than	A

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